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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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D. BRUCE AND

COVER LETTER

TO: Registration So Division of Coa			
Playero Co	onstruction Services, LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Taymi Natal		
		Name of Person	
		Firm/Company	
	51 E Jefferson St #3361		
		Address	
	Orlando, Fl 32802		
	taymi@aproconstruction.co	City/State and Zip Code om	
	E-mail address: (to be used for future annual report notification)	- 20
For further information of	concerning this matter, please c	all:	2020 JUN
Taymi Natal		407 394-8900	
		at ()	
Name o	of Person	Area Code Daytime Telephone N	lumber 2
Enclosed is a check for t	he following amount:		200 O
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cc (additional copy is enclosed) Cc	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Playero Construction Services, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records. Liability Company))
he Articles of Organization for this Limited Liability Company lorida document number	were filed on	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7.8 78
		سرسـ شد. اسرسـ شد.
nter new mailing address, if applicable:		شني - , مو
Mailing address MAY BE A POST OFFICE BOX)		-Y.
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	-	<u> </u>
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter tl</u>	ne name of the new regist
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
GC	Isaac NatalGalarza	4948 Tellson Pl	
			□ Add
		Orlando, FL 32812	
			■Remove
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			□Add
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	06/21/2020			
ective date, if other than t	he date of filing:		(optional)	
n effective date is listed, the date n te: If the date inserted in this	nust be specific and cannot be prior to oblice block does not meet the applicable	late of filing or more than 90 e statutory filing requiren	days after filing.) Frents, this date w	tursuant to 605.020 ill not be listed a
	Department of State's records.			
anned annoifiae a doloued offer	tive date, but not an effective time	at 12:01 a.m. on the core	line of the The	With day after the
is filed.	ave date, but not an effective time	, at 12.01 a.m. on the can	rector, (b) The	out the arter the
June 21	2020			
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	trilled	1		
	Signature of a member or authorize	ed representative of a memb	धा	