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COVER LETTER

TO: Registration Division of	n Section Corporations		
A * 1 to * * * * * * * * * * * * * * * * * *	CONSTRUCTION SERVICES LL	С	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	MARTHA RIVERA		
		Name of Person	
	PRO BUSINESS SOLUT	IONS CORP	
		Firm/Company	
	10900 PINES BLVD		
		Address	
	PEMBROKE PINES, FL	33026	
	J	City/State and Zip Code	
	ADMIN@PBSTAXCENT		
	E-mail address	(to be used for future annual report notifi	ication)
For further informati-	on concerning this matter, please of	call:	
MARTHA RIVERA		954 252-7813 at ()	
Nar	me of Person	Area Code Daytime	Telephone Number
Enclosed is a check t	for the following amount:		
■ \$25.00 Filling Fe	Certificate of Status	(4 \$55.00) Pitting the & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad Registration		Street Address: Registration Sec	etion
Registration Section Division of Corporations		Division of Corp	
P.O. Box		The Centre of Ta	
Tallahasse	ee, FL 32314	2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Co	ompany were filed on $\frac{01/2}{}$	7/2020	and assigned
Florida document number L20000033593	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company nero	<u>e</u> :	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the des	ignation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	ESS)		
Enter new mailing address, if applicable:			
(Muiling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our rec	ords, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here.			
Name of New Registered Agent:			
Name Danietarnal Office Address:			
New Registered Office Address.	Enter Florida street address		
New Registered Office Address:		, Florida	Zip Code
	•		Zip Code
w Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	implete performance of ment as provided for in Ch	y duties, and I am papter 605, F.S. Or,	familiar with and if this document is
	If Changing Registered Agen	it. Signature of New Re	gistered 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
VP	ESEQUIEL NAVA SANTOS	1209 RUNNING TRAIL.	□Add
		ORLANDO, FL 32828	≅Remove
			□Change
			□Add
			Remove
			□Change
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-			□Add
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s filed.	erayed effective date, but not an effective time, at 12.01 a.m. on the earner of (a) The sonn day affet	r una
cd		
	TXXX	
	/ Chief	
	Signature of member or authorized representative of a member	
	rathermer as a memory on more architecturative of 3 member	