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D. BRUCE AUG 10 2020

COVER LETTER

Division of Corpor	ations				
subject: <u>547е</u>	SOO L'C Name of Lin	Construction	1 L.L.C		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please return all corresponde	ence concerning this matter	to the following:			
	Juan	hodrigarz Name of Person			
		Firm/Company			
		^			
	314 Bloxa	Address			
	clermont	City/State and Zip Code		SECRE SALL A	-4-1
	E-mail address:	(to be used for future annual report notifi	cation)	#24 F48Y	
For further information con-	cerning this matter, please of	call:			
Juan Rox Name of Po	MGW7	at (352) <u>444 -</u> Area Code Daytime	OS41 Telephone Number	2020 JUN 24 PH 4: 17 SECRETARY OF STATE VALLABLASEES FLORIDA	O
Enclosed is a check for the	following amount:				
\$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate of Certified Cop (additional copy	f Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

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

Super 5000 (Name of the Limite	ed Liability Compa (A Florida Limited	ny as it now appears on our liability Company)	L. L.	<u>C.</u> .	
The Articles of Organization for this Limited Li Florida document number <u>L200000</u> 35	ability Company 5_066	were filed on 1-29	. 2020	and assigne	d
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the ab	breviation "L.L.C."	 -
Enter new principal offices address, if applic	able:		<u> </u>		
(Principal office address MUST BE A STREE	T ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE)	BOX)				<u> </u>
B. If amending the registered agent and/or ragent and/or the new registered office address	registered office ss here:	address on our records,	enter the nam	e of the new re	<u> gistered</u>
Name of New Registered Agent:	<u>Juan</u>	hodriquez		SECTION 1	! !
New Registered Office Address:					
		Enter Florida stree	'address	75. 75.	!
	:	City	, Florida	2in Code ■	 [T]
New Registered Agent's Signature, if changing	Registered Agent	•		SIATE SIATE SIATE	\bigcirc
I hereby accept the appointment as registere provisions of all statutes relative to the prop	ed agent and agi	ree to act in this capacit	ies, and I am j	ree to comply v familiar with a	vith the nd

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>	Name	Address	Type of Action
MGB	Irimar hodriguez	903 s. Disston Au	□Add
		minneola fl 34715	ÆRemove
			Change
Mgh	Fermin Mota	903 s. Disston Aul	
		Minneola fl 34715	NRemove
			Change
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m enective date is used	ner than the date of f d, the date must be specific rted in this block does r date on the Department	not meet the appl	icable statutor		optional (optional of days after filin ments, this dat	g.) Pursuant to (505.0207 isted as	(3)(b) the
ecord specifies a del is filed.	layed effective date, but	t not an effective	time, at 12:01	a.m. on the ea	rlier of: (b)	he 90th day a	fler the	
ance June	22	. 202	<u>0</u> .					