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COVER LETTER

TO:	Registration Se Division of Cor			,		
CUDU	r: Con	AB CONSTRU	UCTION GROUP LLC	••		
SUBJI	ECI:	Name of Lim	ited Liability Company			
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
			ABRAHAN BENTATA			
		Abr	Name of Person Than Bental. Firm/Company	٤.		
		20183	5 E COUNTRY CLUB DR 206			
	Address					
			AVENTURA, FL 33180			
	AZERBIB@THE22GROUP.COM E-mail address: (to be used for future annual report notification)					
For fur	rther information c	oncerning this matter, please ea				
	ABRAHAN	BENTATA	786 571.98.36	;		
Name of Person		Area Code Daytime Telephone Number				
Enclos	sed is a check for th	ne following amount:				
= \$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Addres Registration S		Street Address: Registration Sc	ection		
Division of Corporations		Division of Corporations				
	P.O. Box 632		The Centre of 7	Fallahassec be Street, Suite 810		

Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AB CONSTRUC	TION GROUP LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appear I Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	02/05/2020	and assigned
This amendment is submitted to amend the following:			بن بن
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 	
(Principal office address MUST BE A STREET ADDRESS)			
	and/or registered office address on our records, enter the name of the new regist	me of the new registered	
agent and/or the new registered office address here:			
Name of New Registered Agent:	· · · ·		
New Registered Office Address:			
	Enter Eloft	da street address	
		, Florida _	
	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>	Name	Address	Type of Action
AMBR	ALEX ZERBIB	3600 YATCH CLUB DR UNIT 1104	= Add
		AVENTURA, FL 33180	□Remove
			Change
			□Add
			□Remove
			Change
			Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
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			□Change
			🗆 Add
			□Remove
			□ Change

		ADD A	UTHORIZED	MEMBER			
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ocument's e	ffective date on the I	Department of St	ate's records.				
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is filed.	ines a delayed effecti	ve date, out not	an enecuve um	c. at 12.01 a.n	i. On the carrier	07. (0)	in day arres and
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Filing Fee: \$25.00