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(Req	uestor's Name)	
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COVER LETTER

Division of Cor			
SHRIFCT: L	constructi	OD LLC	
	Name of Lim	ited Liability Company	20 A. 1 A. 9. E.
			7
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	3
			<u> </u>
	LAZA	Name of Person) ES .
	L (0NS	Firm/Company	
	3594	29th ale	P3 E1
	Halles,	FL 34127	1 Q gmail Con
	Econodo	City/State and Zip Code	1 Dayil Con
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca		
102000	CORNADOE	3 .220 (-01)	14500
Name of	Person	at (239) 601 Area Code Daytime	Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Address Registration Se		Street Address: Registration Sect	ion
J. 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		AVEIGHANDH OUC	.1011

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

URGANIZATION
OF Commonwealth of the common
N LLC = 2
nany as it now appears on our records.) Liability Company)
Liability Company)
ORGANIZATION OF Nany as it now appears on our records.) (Liability Company) y were filed on 02-14-202 and assigned
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bility company here:
ility Company," the designation "LLC" or the abbreviation "L.L.C."
my company. The designation the observation 18.18.0.
address on our records, enter the name of the new registered
Enter Florida street address
, Florida

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 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
MGR	LAZARO FERN	Jan DEZ 3594 2	9+ h are NE Naples
			□ Remove
		 	□Change
MGR	JENEY Duenas		
		Halies, FL 3.	4170 Remove
			□Change
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		- 17	□ Change
			□Add
			□Remove
			□ Change
			□ Add
		□Remove	
			□Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Date	5-6-2020
	5-6-2020 June of a member of authorized representative of a member
	Organisation of authorized representative of a memory
	y Ency Duenacs. Typed or printed name of signee

E'' E 625.00