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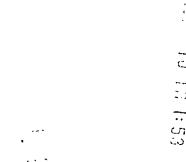
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PICK-UP	WAIT MAIL
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:	R. G. COVCTA  Name of Limi	HO & CONSTVUC ited Liability Company	tion Services UC
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Marga	rito Rosalos Name of Person	
	R.G.COV	larato e Constr	nction Sorvices Li
	1651 Lorra	inc <u>Cir</u>	<del> </del>
	laho	City/State and Zip Code  CSMArgavito:  o be used for future annual report notifi	3853
	E-mail address: (t	OSMAYOAYITO	39(0g mail, com
For further information e	oncerning this matter, please ca	alt:	
Margari Name o	to Rosales Person	at $(663)$ $978$ - Area Code Daytime	3966 e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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

(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 Company were filed on 3182020 and assigned Florida document number 120000084469.
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered
agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
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.

City

Zip Code

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	<u>Address</u>	Type of Action
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document	's effective date or	n the Departm	ent of Sta	ite's record	ls.					
the record sp ford is filed.	oeciñes a delayed o	effective date.	but not a	n effective	time, at 12	:01 a.m. on	he earlier o	f: (b) The	90th day after	the
Dated	44		·	207	<u>D</u> .					
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