LZO 000087443

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Amend

JUN 2:5 2020 LALBRITTON

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

FP CONST	RUCTION GROUP LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Felix Pereira Paulo Vitor		
		Name of Person	
	FP CONSTRUCTION GR	OUPLLC	
		Firm/Company	
	6133 RALEIGH STAPT 9	07	
	 	Address	
	ORLANDO, FL 32835		
		City/State and Zip Code	
	openbizfile@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
Felix Pereira Paulo Vitor		857 346-9532	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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		Street Address:	action
Registration S Division of C		Registration Solution of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FP CONSTRUCTION GROUP LLC	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) .imited Liability Company)
	2/20/2007
The Articles of Organization for this Limited Liability Co	impany were filed on and assigned
Florida document number L20000087443	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
The new name must be distinguishable and contain the words "Limit	ed 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 ADDRI	
Enter new mailing address, if applicable:	
(Mailing 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 records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	City Zip Code

New Registered Agent's Signature, it 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>	Name	<u>Address</u>	Type of Action
AMBR	Mateus Amorim de Souza Arruda	7622 Redwood Country rd	⊠Add
		Orlando, FL - 32835	□Remove
			Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			□Add
			Remove

			
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te: If the date inserted in thi	the date of filing: must be specific and cannot be prior to s block does not meet the applicab e Department of State's records.	date of filing or more than 90 day ble statutory filing requiremen	(optional) s after filing.) Pursuant to 605.020 ts, this date will not be listed as
cord specifies a delayed effe s filed.	ctive date, but not an effective tim	ne, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
ed June 03	. 2020	_ ·	
ed June 03		Paulo Uttory	

Filing Fee: \$25.00