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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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C. GOLDEN SEP 22 2020

COVER LETTER

TO:

TO: Registration Se Division of Cor			
CUDINGS	CONSTRUCTION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	DANIEL MEDINA		
		Name of Person	
	D MEDINA CONSTRUC	TION LLC	
		Firm/Company	
	1240 W 25 PLACE APT 4		
		Address	
	HIALEAH, FL 33010		
		City/State and Zip Code	
	medinadaniel312@gmail.co		
		to be used for future annual report not	iffication)
For further information c	oncerning this matter, please c	all:	
Daniel Medina		786 370-7265 at ()	
Name o	f Person .	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	S30.00 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		Street Address: Registration So	
Division of C P.O. Box 632	•	Division of Co The Centre of	-
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial Florida document number L20000117160	bility Company were filed on 04/30/2020	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	<u>ADDRESS)</u>	T*
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	<u></u>	
	gistered office address on our records, <u>enter th</u>	e name of the new regist
agent and/or the new registered office address	nere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	daZip Code

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>	<u>Name</u>	Address	Type of Action
MGR	MEDINA, DANIEL F	5625 W. 20 AVE APT 406	□Add
		HIALEAH, FL 33012	=Remove
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			□Add
		Remove	
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· - ···			□Add
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		□Add	
			Remove
			☐ Change

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an effectiv	date, if other than the date of filing:
<u>vote:</u> If the ocument`	ne date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
	·
record on	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	tellies a delayed effective date, but not all effective time, at 12.01 a.m. on the current of (0)
	<i>/</i>
JUI. Dated_	$1 \int_{-1}^{1} \frac{2020}{100} $
	CID COM
	Signature of a member or authorized representative of a member
	DANIEL MEDINA

Filing Fee: \$25.00