Division of Corporations

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Division of Corporations

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALMA HIGH-GRADE GENERAL BUILDING **CONTRACTORS L.L.C**

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JUN 15 2020

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

Pres 2064

• 2020 JUN 12 AN 9:24

If Changing Registered Agent, Signature of New Registered Agent

| | Grade General Building Contrac | | . • . • |
|--|--|--|--|
| (Name of the Limited | Liability Company as it now appear Florida Limited Liability Company) | nrs on our records.) | |
| The Articles of Organization for this Limited Liab Florida document number L20000119530 | ility Company were filed on _ | May 4, 2020 | and assigned |
| This amendment is submitted to amend the following | ug: | | |
| A. If amending name, enter the new name of th | e limited liability company l | <u>iere</u> : | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the | designation "LLC" or the al | ohreviation "L.L.C." |
| Enter new principal offices address, if applicable | le: | | |
| (Principal office address MUST BE A STREET A | ADDRESS) | _ | |
| | · | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| B. If amending the registered agent and/or registered office address I Name of New Registered Agent; | istered office address on our ocre: | records, <u>enter the няп</u> | ne of the new register |
| N. Decisioned Office Address | | | |
| New Registered Office Address: | Enter FI | orida street address | |
| | | , Florida | |
| · | City | · | Zip Code |
| New Registered Agent's Signature, if changing Reg | istered Agent: | | |
| I hereby accept the appointment as registered of provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch | and complete performance c red agent as provided for in gisteréd office address, I her | of my duties, and Lam Chapter 605, F.S. Or, | familiar with and if this document is |

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person heing added or removed from our records:

MGR = Manager AMBR = Authorized Member

2020 JUN 12 Ail 9: 24

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|----------------------|-----------------|
| MGR | Nelson A. Palma | 3613 SW 167th Avenue | |
| | | Miramar, Fl. 33027 | □Remove |
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| ord is filed. | ecifics a delaye | | | | | | | | ւ(ն) | The 90th | day after the |
| Dated 🖊 | 6/12/2020 [Nelson | | . | ·•· | · | | | | | | |
| | Welson | <u>Palma</u> | nature of a | member or | authorized | representa | itive of a o | nember | <u></u> | <u></u> | |
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