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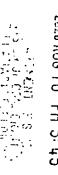
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COVER LETTER

Division of Corporations
SUBJECT: BRESTES CONSTRUCTION LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
BRESTES IBLESIAS
Name of Person
BRESTES IBLESIAS Name of Person Operates Construction UC Firm/Company
A Firm/Company
2405 ROSLYN W Address
CAKELAND / FL. 738/2 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
Fmail address: (to be used for future aimidal report from eather)
For further information concerning this matter, please call:
Onestes Iglesibs at (86) 114 54 8 4 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
(additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee. FL 32314

Registration Section

TO:

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

BRESTES CONSTITUTE (Name of the Limited Liability Companied A Florida Limited Liability Companied Companied Liability Companie	ILiability Company)
This amendment is submitted to amend the following:	·
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	bility Company." the designation "L.L.C." 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 offic agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	ee address on our records, enter the name of the new registered
	•
	, Florida City Zip Code

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 **Type of Action** Address **Title** Name Opestes Polesias 2405 Rosly N LN CAReland FL. DAdd
33812 □Remove 2405 ROSLYN LULBKELAND. FL BADD AMBR ORESTES I GLESIAS Remove _____ □Change _____ □Remove _____ Change _____ □Remove _____ □Remove _____ Change

						
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ord is tiled.	delayed effective date, but r		t 12:01 a.m. oi	the earlier of:	(b) The 90th di	ıy after th
Dated Ac	gost 5th	2020				
	1) 4	Fa member or authorized				