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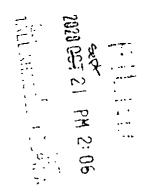
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US 10/31/20

COVER LETTER

Registration Section

:O:

Division of Cor	porations			
	truction and Land Clearing, LI	.C		
UBJECT:	Name of Lim	ited Liability Company		
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
lease return all correspo	ondence concerning this matter	to the following:		
	Sandra Torres			
		Name of Person	and The second	26
	CPA Tax Solutions, LLC			ES
		Firn/Company	:	77
	500 NW 6th Street		1 1 m	:. :.
		Address		PH 2:
	Okeechobee, FL 34972		おいた	06
		City/State and Zip Code		
	sandra@cpataxsolutions.ne			
	E-mail address: (to be used for future annual report not	fication)	
or further information c	oncerning this matter, please c	all:		
Sandra Torres		863 357-1099 at ()		
Name o	f Person		ne Telephone Number	
inclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Certificate of Certified Copy (additional copy) 	f Status & Dy
Mailing Address Registration S Division of C	Section Corporations	Street Address: Registration Se Division of Co	porations	
P.O. Box 632 Tallahassee, 1		The Centre of T	Fallahassee e Street, Suite 810	
i ailailaooo, l	. 2 040 : 1	Tallahassee FI	•	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C & I Construction and Land Clearing, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our record bility Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company w Florida document number <u>L20000243465</u> .	vere filed on 08/11/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
C & I Land Clearing, LLC		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- 3/3 /
(Principal office address MUST BE A STREET ADDRESS)		
		7
		?
Enter new mailing address, if applicable:		44 G
	·	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent:	dress on our records, <u>enter</u>	the name of the new registe
New Registered Office Address:		. <u></u>
	Enter Florida street addres	3
	, Flo	orida
-	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to act in this capacity. I fu	rther agree to comply with
provisions of all statutes relative to the proper and complete p		

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
		<u></u>	
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			Change
			□Add
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