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COVER LETTER

Tallahassee, FL 32314

то:	Registration Se Division of Cor					
eun irz	CA CONSTRUCTION OF FLORIDA LLC ECT: Name of Limited Liability Company					
SUBJEC						
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for tiling.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		CHARLES ARSLAN				
			Name of Person			
		CA CONSTRUCTION OF	FLORIDA LLC			
			Firm/Company			
		8815 SW 131 St				
	Address Miami, FL 33176					
		City/State and Zip Code CHUCK6474@GMAIL.COM				
		E-mail address: (to be used for future annual report not	tification)		
For furth	er information c	oncerning this matter, please c	all;			
CHARL	ES ARSLAN		305 986-6474 at ()			
	Name o	f Person	Area Code Daytir	ne Telephone Number		
Enclosed	l 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 Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration So Division of Co The Centre of	rporations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CA CONSTRUCTION OF FLORIDA, LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records. Liability Company))
The Articles of Organization for this Limited Liability Company Florida document number L20000252024		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.I.,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	12900 SW 89th Ct	1.25
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI, FL 33176	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter t</u> l	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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 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>	Name	Address	Type of Action
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
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			□Change
		 	□Add
			□Remove
			Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
(H'an <u>Not</u> e	ctive date, if other than the date of filing:
f the rec ecord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	d
	Signafur) of a member or authorized representative of a member
	CHARLES ARSLAN Typed or printed name of signee

. . .

Filing Fee: \$25.00