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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: BUILDE	NGS-BRIDGES-ROADWAY-GROUP, LLC		
30D0ECT	Name of Lin	nited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sub	omitted for filing.	
Please return all con	respondence concerning this matter	to the following:	
	Alejandro E. Martinez		
		Name of Person	
	BUILDINGS-BRIDGES-	ROADWAY-GROUP, LLC	
		Firm/Company	
	29799 sw 173 ave		
		Address	
	Homestead, Florida, 3303	0	
	amart143@fiu.edu	City/State and Zip Code	
	E-mail address:	(to be used for future annual report notif	ication)
For further informat	ion concerning this matter, please of	call:	
Alejandro E. Martir	le,Y	305 815-2861	
Ne	ame of Person	at ()	e Telephone Number
Enclosed is a check	for the following amount:		
□ \$25,00 Filing Fo	ee \$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)
_	ion Section of Corporations	Street Address: Registration Sec Division of Con The Centre of T	porations
	ee, FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BUILDINGS-BRIDGES-ROADWAY-GROUP, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on

[1.20000276309]

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 office address on our records, enter the name of the new registere agent and/or the new registered office address here:

Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida street ade	dress
		Florida
	Cin	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Alejandro E. Martinez	29799 sw 173 ave, Homestead, Fla. 33030	■ Add
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			□ Change
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Effective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the D	lock does not m	eet the applica	to date of filing of able statutory f	or more than 90 iling requiren	(optiona days after filir nents. this da	ıg.) Pursua	nt to 605.0207 t be listed as
e record specifies a delayed effectived is filed.	ve date, but not a	an effective tii	me, at 12:01 a.	m. on the earl	ier of: (b)	The 90th o	day after the
11-09		2020					
Dated	J.	ani Sunt-	Me				
	Signature of a m	nember or autho	orized representa	tive of a memb	<u> </u>		
Maria T. Cuadrado	/		a Cua c				