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(Re	equestor's Name)	
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Values:

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: A CONSTRUCTION AND RESTORATION LLC	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Krysta Acagon Name of Person	
Firm/Company	
aso Nelle St #7	
Panama City PL 32404	
ACONSTRUCTION ROSTORATION STRUCTURE annual report notifications.	١
For further information concerning this matter, please call:	
Name of Person at (85), 438-8599 Area Code Daytime Telephone Number	
Encloyed is a check for the following amount:	
\$525.00 Filing Fee Solution Solution See Sol	
Mailing Address: Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

The Articles of Organization for this Limited Liability Company were filed on 9/13/2020 and assigned Florida document number 2000 880 732.

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 registered agent and/or the new registered Agent:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address.

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.

Citv

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
		<u></u>	☐ Change
			□Add
	_		□Remove
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Effectiv f an effe <u>Note:</u> 1	ce date, if other than the date of filing:
docume	nt's effective date on the Department of State's records.
e record	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
rd is tile	d.
Dated _	Muly 23 - 2021
_	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Krystal Aragon Typed or printed name of signee
	Typed or printed name of signer

Filing Fee: \$25.00