

L20 000 317 841

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer





100438978821

2024 NOV 14 PH 3: 3
SECRETARY OF STAT

FILED

COVER LETTER

I O: Registration Section Division of Corporati	ons		
SUBJECT: TREE MO	Ser e Consteur Name of Limite	ction Handyman d Liability Company	Selvices
The engloced Articles of Ameri	Impat and facts) are submi	isted for filing	
The enclosed Articles of Amend Please return all correspondence			
ricase return an correspondence	concerning this matter to	the following.	
	Jerme	SmHh -	
		Firm/Company	
_	2942 Plum	1259 Ln. Address	
	Wost Palm	Boach FC 37 City/State and Zip Code	5403
	PC 10 1 6	be used for future annual report notif	ication)
For further information concerr	ing this matter, please call	:	
Jerone S Name of Perso	3mith	at (386) 307-7 Area Code Daytime	7505 Telephone Number
Enclosed is a check for the folk	owing 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:	_	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 18 07 Florida document number <u>L 20000 31 7841.</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: AVISION Construction LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

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.

New Registered Agent's Signature, if changing 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Sonny CRESPO	108 SWAN Papkusey West Royal Palm FT. 33411	🗆 Add
		TOPE (ST.)	Demove
			□Change
MGR	Mike Fene	2532 Maniki dri Riviera Beach FL 3341	le DAdd
			Dremove
			□Change
<u>HGR</u>	Ali Abukhalil	712 7th Lane Palu Beach Gardens FL ?	□Add 33418
			Remove
			Change
			□Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

-	
ote: If t	date, if other than the date of filing:
-	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	October 25, 2024
ited	10/25/2024
	/ 1 0 0 mm / / / / / / / / / / / / / / / /
	Signature of a member of authorized representative of a member