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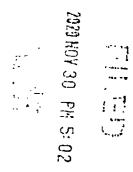
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COVER LETTER

	Registration Se Division of Cor				
CHDARC		NSTRUCTION FO FLORIDA	LLC		
SUBJEC	1;	Name of Lim	ited Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		NICOLAS S. PLASENCIA CABELLO			
	Name of Person				
Firm/Company			Firm/Company		
5324 LAKE UNDERHILL RD					
			Address		
		ORLANDO, FL 32807			
			City/State and Zip Code		
		ANALEIDY1988@ICLOU		·	
		E-mail address: (to be used for future annual report noti	fication)	
For furthe	er information c	oncerning this matter, please ca	all:		
ANALEIDY PEREZ		561 570-0300 aı ()			
Name of Person		Area Code Daytim	e Telephone Number		
Enclosed	is a check for th	ne following amount:			
□ \$25.0	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 Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810		

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SANTI CONSTRUCTION FO FLORIDA	A LLC	
	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit	ty Company were filed on OCTOBER 13, 2020	and assigned
Florida document number L20000323389	·	
This amendment is submitted to amend the following	n.	223 Hold assigned 5: 02
A. If amending name, enter the new name of the	limited liability company here:	02
SANTI CONSTRUCTION OF FLORIDA 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 AL	ODRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address her		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the 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 record is filed. Dated__NOVEMBER 10 2020 NICOLAS S. PLASENCIA CABELLO

Typed or printed name of signee