## LZ0 000329571

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## COVER LETTER

Tallahassee, FL 32314

	istration Sec sion of Corp			
SUBJECT:		ONSTRUCTION, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
77) l l			where a few first is	
		Amendment and fee(s) are sub indence concerning this matter	_	
Please return	an correspor	dence concerning this matter	to the following.	
		GAUDENCIO A. CASTR	0	
			Name of Person	<del> </del>
		NATIVE CG, LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		690 SE 1ST COURT, SUI	TE 505	
		-	Address	<del></del>
		MIAMI, FL 33130		
		CALIDICAETROOCNAI	City/State and Zip Code	
		GAUDICASTRO@GMAIL E-mail address: (	to be used for future annual report notification	ation)
For further in	formation co	oncerning this matter, please c	all:	
GAUDENCI	O A. CASTE	ко	786 303-0369	
	Name of	Person	at ()	elephone Number
Englaced in a	ahaale far th	a fallaufina amaunti		
■ \$25.00 Fi		e following amount:  ☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	S60.00 Filing Fee,
E \$25.00 FI	ning ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ling Address distration S		Street Address: Registration Secti	ion
-	•	orporations	Division of Corpo	
	Box 6323		The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NATIVE CONSTRUCTION, LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
he Articles of Organization for this Limited Liabilit	ry Company were filed on 10/19/2020	and assigned
lorida document number L20000329571	·	
his amendment is submitted to amend the following	3:	
If amending name, enter the new name of the	limited liability company here:	
NATIVE CG, LLC		
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	)	
		-1
3. If amending the registered agent and/or regist	ered office address on our records, enter th	e name of the new registe
gent and/or the new registered office address her	<u>re</u> :	: 1
		ا نیک
Name of New Registered Agent:		·
New Registered Office Address:		<u> </u>
new Registered Office Address.	Enter Florida street address	
	. Flori	ida
<del></del>	City , Flur	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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			☐ Change
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ective date, if other than the date	of filing:		_ (optional)	
n effective date is listed, the date must be s te: If the date inserted in this block d current's effective date on the Depart	pecific and cannot be prior to de loes not meet the applicable	te of filing or more than 90 o	lays after filing.) Pursuant to 6	
cord specifies a delayed effective dates s filed.	e, but not an effective time,	at 12:01 a.m. on the earli	er of: (b) The 90th day as	fler the
ted JANUARY 19	2021			
MILE	A -			
	ature of a member or authorized	representative of a member	<u> </u>	

Typed or printed name of signee