LZO 0 00 337 445

(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:





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12/16/20--01006--002 **25.00



LA-1124/21

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

	nendment and fee(s) are sub ence concerning this matter		
Please return all correspond	ence concerning this matter	to the following:	
	Toout	~ !·	
	Johannan	Odiz Name of Person	
		Fimt/Company	
	5445		
		NW 106 Drive Address	
	<u>coral Sylvia</u>	City/State and Zip Code	
		reconstruction egmail to be used for future annual report notified	
For further information con-	cerning this matter, please c	·	
		at () Area Code Daytime	
Name of Pe	erson	Area Code Daytimo	e Telephone Number
Enclosed is a check for the f	following 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)
<u>Mailing Address:</u>		Street Address:	
Registration Sec Division of Cor		Registration Sec Division of Cor	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	truction LL	-		
(Name of the Limited	Liability Company : Florida Limited Liab	as it now appears on a ulity Company)	our records.)	
The Articles of Organization for this Limited Liab	lity Company we	ere filed on 10/2	3/20	_ and assigned
lorida document number <u>L2 0000 33</u> 7445	·			
his amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited liabilit	y company here:		
he new name must be distinguishable and contain the word.	s "Limited Liability	Company," the design	ation "LLC" or the abbre	viation "L.L.C."
enter new principal offices address, if applicable	e: _			
Principal office address MUST BE A STREET 2	(DDRESS)			202
	_			100EC
				0 -
nter new mailing address, if applicable:	_		-	51
<u>Mailing address MAY BE A POST OFFICE BO</u>	<u>X)</u> _		<u> </u>	<u>9</u> 0
	_			*
3. If amending the registered agent and/or registered agent and/or the new registered office address h		ress on our record	ds, <u>enter the name c</u>	of the new regist
Name of New Registered Agent:	Moshe	Odiz		
New Registered Office Address:				
		Enter Florida st	reet address	
-		City	, Florida	Zip Code
		Cuir.		ny) (one

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>	Address	Type of Action
MCR	Moshe Odiz	5603 NW 107th AVE	ZAdd
		coral springs FL, 33076	Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			JAdd
			TRemove
			□Change
			JAdd
			TRemove
			□Change
			JAdd
			TRemove
			□Change

i an ei Note:	tive date, if other than the date of filing:
e reco	ord 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 filed.
Dated	12/10/20 December 10 2020
	Signature of Amember or authorized representative of a member
	Signature of a member or authorized representative of a member