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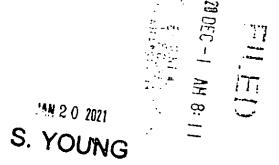
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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	FRAMING CONSTRUCTIO	N, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	NASHALY T. PERDOMO		
		Name of Person  Firm/Company ONS BLVD  Address  825  City/State and Zip Code  @gmail.com to be used for future annual report notification)	
		Firm/Company	
	10149 EASTMAR COMM	IONS BLVD	
		Address	
	ORLANDO, FLORIDA 32	2825	
		City/State and Zip Code	<del></del>
	perdomoframingcontruction	<del></del>	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
NASHALY T. PERDON	40	407 7233385 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he 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)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations allahassee e Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

PERDOMO FRAMING CONSTRUTION, LLC

(A Florida Littine	ed Elability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on 11/02/2020	and assigned
Florida document number L20000348102	· ———	DEC -
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited li	ability company here:	
PERDOMO FRAMING CONSTRUCTION, LLC		· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and contain the words "Limited Li	ability 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)	<u> </u>	
maining undress BIAT DE AT (AST OF FICE BOA)	-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our records, emer	the name of the new registered
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addres	
	El	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my duties, and is provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is
ĪfC	hanging 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>	<u>Address</u>	Type of Action
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			Change
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