L70000389259

(Requestor's Name)				
(Address)				
(Ac	ddress)			
(Ci	ty/State/Zip/Phone	:#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nam	ne)		
(De	ocument Number)			
Certified Copies	Certificates	of Status		
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor					
	STRUCTION LLC				
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	ENMANUEL P LUNA				
		Name of Person			
	O&F CONSTRUCTION I	.L.C			
		Firm/Company			
	8312 COSME RD				
Address					
	ODESSA FL 33556				
		City/State and Zip Code			
	ENMANUELL1998@HOT	MAIL.COM to be used for future annual report not	itication)		
For further information c	concerning this matter, please co				
ENMANUEL P LUNA		813 4031439			
Name o	of Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	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)		
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Sc	ection		
Division of C P.O. Box 632		Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2021 FEB - 1 AH 6: 49

O&F CONSTRUCTION LLC

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

The Articles of Organization for this Limited Liability Company were filed on $\frac{12/14/2020}{1}$ ___ and assigned Florida document number 1.20000389259 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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

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Title	Name	<u>Address</u>	2021 FEB - 1 AM	6; 1.9 of Action
AMBR	ENMANUEL P LUNA	7013 COBBLEWOOD CT	t. Se	□Add
		TAMPA FL 33615		
				Change
AMBR	OSMANY C LUNA	8312 COSME RD		= Add
		ODESSA FL 33556		□Remove
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	01/01/2021		
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an effective date is listed, the date must be Note: If the date inserted in this block	e specific and cannot be prior to date of t a does not meet the applicable statu	iling or more than 90 days a fory filing requirements.	iter filing.) Pursuant to 605.0207 (3 this date will not be listed as th
ocument's effective date on the Depa	utment of State's records.	any ming requirement	
record specifies a delayed effective d	ate, but not an effective time, at 17:	01 a.m. on the earlier of	(h) The 90th day after the
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ated	··		
	(b)		
Six	gnature of a member or authorized repre	esentative of a member	
~	·		
ENMANUEL P LUNA			
	Typed or printed name of		

Filing Fee: \$25.00