# L21000014928

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## **COVER LETTER**

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CHDIEZT.	MENDOZA	BROTHERS QUALITY CO	NSTRUCTION LLC	2 · *		
SUBJECT:		Name of Lin	nited Liability Compan	y	<del></del>	
•						
The enclosed	Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		ARLEN RODRIGUEZ				
			Name of Person	1		
			Firm/Company	· · · · · · · · · · · · · · · · · · ·		
		2021 VISTA LANE				
			Address			
		APOPKA, FL 2703				
			City/State and Zip C	lode		
		E-mail address: (	to be used for future an	mual report notific	cation)	
For further in	formation co	ncerning this matter, please c	all:			
ARLEN ROI	DRIGUEZ		407 at (	6920101		
	Name of	Person	Area Code	Daytime		Q)
Enclosed is a	check for the	e following amount:			2021 MAR	7
<b>■</b> \$25,00 Fi	iling Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing   Certified Cop (additional copy	y	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy iscarlosed)	- 1 フ
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Division of Corporations P.O. Box 6327				Centre of Ta		
Tall	ahassee, Fl	L 32314	241:	5 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### MENDOZA BROTHERS QUALITY 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  $\frac{01/04/2021}{1}$ and assigned Florida document number L21000014928 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter www 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 amending Authorized Pf rson(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

Title	<u>Name</u>	Address	Type of Action
P	LLOANA RODRIGUEZ GONZAL€ ₹	2021 VISTA LANE ,APOPKA, FL 32703	<b>=</b> Add
			□Remove
			□Change
MGR	LUIS MORALES	1058 BAVARIAN WAY, APOPKA, FL 32703	<b>=</b> Add
			□Remove
			□Change
MGR	MARIZA MARTINEZ	1058 BAVARIAN WAY, APOPKA, FL 32703	
			Remove T1 E Change
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ocument's effective dat	e on the Departmen	i of State's records.			
record specifies a delay	ed effective date, bu	at not an effective ti	me, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
I is filed.				·	•
, FEBRUARY 23		2021			
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Typed or printed name of signee