L21000053801

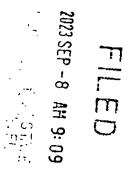
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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09/08/23--01033--003 **55.00





COVER LETTER

Registration Section
Division of Corporations

TO:

MAURYA SUBJECT:	LO CONSTRUCTION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Raul Martin Jr		
		Name of Person	
	RM Professional Group Inc	:	
		Firm/Company	
	2355 NW 9 STREET		
		Address	<u> </u>
	MIAMI, FLORIDA 33125		
		City/State and Zip Code	
	rmprogroup17@yahoo.com		
	E-mail address: (1	to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	ill:	
Raul Martin Jr		786 357-5968	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne 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	Section	Street Address: Registration Se	
Division of C P.O. Box 632	•	Division of Co The Centre of	•
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAURYALO CONSTRUCTION LLC		
(<u>Name of the Limited Lia</u> (A Flo	pility Company as it now appears on or rida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{01/29/202}{1}$	21 and assigned
lorida document number L21000053801		
his amendment is submitted to amend the following	:	
a. If amending name, enter the new name of the l	imited liability company here:	
N/A		
he new name must be distinguishable and contain the words "l	imited Liability Company," the designat	
Inter new principal offices address, if applicable:	N/A	2023 \$
Principal office address MUST BE A STREET ADDRESS)	DRESS)	· Ä
		8
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registe gent and/or the new registered office address her		s, enter the name of the new regis
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida stre	vet address
		Florida
	City	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 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>	<u>Address</u>	Type of Action
AR	OMAR ALONSO SERVIN	3213 WEST 103 TERRACE	
		HIALEAH, FL 33018	=Remove
			□Change
			□ Add
			□ Remove
			□Change
			
			□Remove
			□Change
			□ Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

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Fective date, if other than the date of filing:			
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Signature of a member or authorized representative of a member	ated AUGI	JST 31 2023	
· ·			
Edwin M. Ardon	_	Signature of a member or authorized representative of a member	
	E	twin M. Ardon	

Filing Fee: \$25.00

Purchaser's Receipt 2232427316 PA TO THE OPPER OF DATEFEE: 0. 00 **<u>9</u>232427316** 76 to Lange VANDANONI 08/31/23 \$\$55.00

61

The Money Superstore

THE BACK OF THIS DOCUMENT CONTAINS AN "AMSCOT" ARTIFICIAL WATERMARK - HOLD AT AN ANGLE

PAYTO THE LORIDA DEPARTMENT OF STATE OF STATE INTERNATIONAL MONEY ORDER १६५० 2232427316

\$\$55.00

08/31/2023

**FIFTY-FIVE AND 00/100 DOLLARS

COU! HAC!

NOT VALID FOR MORE THAN ONE THOUSAND FIVE HUNDRED DOLLARS (\$1500)

AMSCOT CORPORATION

Payable through BancFirst

2232427316

PURCHASER AND PAYER ARE SUBJECT TO THE SERVICE CHARGE AND OTHER TERMS ON THE REVERSE SIDE.
THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER

11031014001 F617 22324273161