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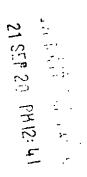
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Special Instructions to Filing Officer:				
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COVER LETTER

Registration Section Division of Corporations

TO:

CONTRA TRACTER	n autorized person		r
SUBJECT.	Name of Lin	lited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Miguel N Aguirre Fuentes		
		Name of Person	 -
	ML STAGING & CONST	RUCTION LLC	
		Firm/Company	
	11400 SW 131ST AVE		
		Address	
	MIAMI		
	-	City/State and Zip Code	
	FL 33186		
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
Miguel N Aguirre Fuent	es	786 4499071	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 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 5 Division of C P.O. Box 632 Tallahassee, 1	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Fallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

21 SEP 20 PH 12: 41

ML STAGING & 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 Florida document number L21000059209	were filed on 02/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	lity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		
	Enter Florida street ad	dress
		Florida
		Zip Code
New Registered Agent's Signature, if changing Registered Agent		
I hereby accept the appointment as registered agent and agraphy provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties provided for in Chapter 60	t, and I am familiar with and 95, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

21 SEP 20 PH 12: 41 MGR = Manager AMBR = Authorized Member **Address** Type of Action Name <u>Title</u> 16025 SW 99 AVE, MIAMI, FL 33157 AP Liliam Batista Rojas □Add _____ ≣Remove ______ □Change ______ □Add □Remove ____ □Change _____ □Add ____ Remove □Add _____ □ Remove _____ □Change ____ □Remove _____ □Change

Fective date, if other than the date of filing:		21.SSE 20 PH12: 41
tecord 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 is filed. September 14, 2021 Signature of a member of authorized representative of a member		
ted: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. ecord 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 is filed. September 14, 2021 Signature of a member of authorized representative of a member		
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Miguel N Aguirre Fuentes	Signature of a member e	ør authorized representative of a member
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Filing Fee: \$25.00