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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

	TRUCTION & MANAGEME	NT ELC	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JAIRO A NUNEZ OBAN	DO	
		Name of Person	
	NB CONSTRUCTION &	MANAGEMENT LLC	
		Firm/Company	
	2363 SW VALNERA ST		
		Address	
	PORT SAINT LUCIE. FL	. 34953	
		City/State and Zip Code	·
	nb.direction@nunezeoinger	nieria.com	
	E-mail address: (to be used for future annual report noti	
For further information c	oncerning this matter, please c	all:	(*)
JAIRO A NUNEZ OBA	NDO	786 909-0403	·
Name o	f Person	Area Code Daytim	e Telephone Number
			≤ 3
Enclosed is a check for the	ne following amount:		. 2
■ \$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 Addres		Street Address:	•
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632	-	The Centre of T	·
Tallahassee, I		2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Li Florida document number 1.21000072640	ability Company	were filed on <u>FEBRUARY 11, 2021</u>	an	d assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	f the limited liabi	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC" or t	he abbreviation	on "L.L.C."
Enter new principal offices address, if applicable:		2363 SW VALNERA ST		
(Principal office address MUST BE A STREE		PORT SAINT LUCIE, FL 34953		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2363 SW VALNERA ST PORT SAINT LUCIE, FL 34953		
				\bigcirc
B. If amending the registered agent and/or ragent and/or the new registered office addres		nddress on our records, enter the	name of th	e new regis
			ا	
Name of New Registered Agent:				
New Registered Office Address:	10610 BOYET	TE CREEK BOULEVARD	7:	
		Enter Florida street address	1	
	RIVERVIEW	, Florida		

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 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>	Address	Type of Action
MGR	Sandra M. Ladino Rodriguez	2363 SW VALNERA ST	= Add
		PORT SAINT LUCIE, FL 34953	□Remove
			Change
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if other than the date of filing:	(optional)	
is listed, the date must be specific and cannot be prior to date of filing or more than 90 day inserted in this block does not meet the applicable statutory filing requirement trive date on the Department of State's records.	s after filing.) Pursuant to 6 (s, this date will not be l	505.020 isted a
•		
a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day at	fter the

Dir D GOEO

Typed or printed name of signee