L21000099439

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COVER LETTER

TO: Registration Se Division of Cor				
CONFIDE SUBJECT:	NCE CONSTRUCTION LLC	<i>)</i>	¢	
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:		
	VASILIY BULLA			
		Name of Person		
		Firm/Company		
	114 Shore Rd			٠.
		Address		
	Nokomis, FL 34275			
		City/State and Zip Code		
	confidence.const@gmail.co			
		to be used for future annual report notifica	tion)	
For further information c	oncerning this matter, please c	all:		,
VASILIY BULLA		360 980-5868 at ()		_
Name o	f Person	Area Code Daytime T	elephone 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 Fe Certificate of SI Certified Copy (additional copy is	tatus &
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Secti	on	
Division of C		Division of Corpo		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ANTICLES OF AMENDMENT

TO ARTICLES OF ORGANIZATION OF

CONFIDENCE CONSTRUCTION			
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our reco	rds.)
The Articles of Organization for this Limited Li Florida document number L21000099439	ability Company	were filed on	and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of N/A		· 	
The new name must be distinguishable and contain the wa			.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		N/A	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREE	TADDRESS)		
Enter new mailing address, if applicable:		N/A	
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office addres	gistered office a	ddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:	Tatyana Bulla		
New Registered Office Address:	ν/Λ		
		Enter Florida street addre	255
			Tonido

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

r removed from our records:					
1GR = M	lanager				
MBR = A	MBR = Authorized Member				
tle	<u>Name</u>	Address	Type of Action		
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an effective date is listed, the date must ote: If the date inserted in this blo ocument's effective date on the De record specifies a delayed effective	ock does not meet the ap epartment of State's reco	pplicable statutory fili ords.		date will not be listed a
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an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Detector of specifies a delayed effective is filed. 5/15/2025	ock does not meet the aperarment of State's reco	opplicable statutory filiords. ive time, at 12:01 a.m. o.m.	on the earlier of: (b)	date will not be listed a

Filing Fee: \$25.00