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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOSA'S SOUTH FLORIDA BUILDERS LLC.

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Help

T. LEMIEUX NOV 1 5 2024 Page: 3 of 5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SOSA'S SOUTH FLORIDA BUI	LDERS LLC.			
(Name of the Lin	ited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited	Liability Company	were filed on 03/0	2/2021	and assigned
Florida document number L21600101589	-			
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LLC" or :	he abhreviation "L.L.C."
Enter new principal offices address, if appl	icable:	1696 NE 51 ST C	71	
(Principal office address MUST BE A STRE	ET ADDRESS)	POMPANO BEA	CH, FL 33064	
Enter new mailing address, if applicable:		18507 NW 272 S	Т.	2021
Mailing address MAY BE A POST OFFICE BOX)		OKEECHOBEE,	FI. 34972	. 6
B. If amending the registered agent and/or agent and/or the new registered office addr		address on our rec	cords, <u>enter the 1</u>	3 5
Name of New Registered Agent:	CHANGE OF	ADDRESS		는 <u>5</u>
New Registered Office Address:	18507 NW 272	ST.		
		Enter Florid	la street address	
	ОКЕЕСНОВЕ	Е	, Florida	34972
	-	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 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>	Name	Address	Type of Action
MGR	CHANGE OF ADDRESS	18507 NW 272 ST.	
		OKEECHOBEE, FL 34972	□Remove
			≅ Change
MGR	CHANGE OF ADDRESS	18507 NW 272 ST.	[]Add
		OKEECHOBEE, FL 34972	Remove
			■ Change
MGR	CHANGE OF ADDRESS	18507 NW 272 ST.	□Add
		OKEECHOBEE, FL. 34972	□Remove
			■ Change
MGR	CHANGE OF ADDRESS	18507 NW 272 ST.	
		OKEECHOBEE, FL 34972	□Remove
			Change
,			□Add
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			Change
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mending any other informati	ion, enter change(s) here: (Attach ada	litional sheets, if necessary.)	
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ective date, if other than the conflictive date is listed, the date must enter the date inserted in this bloomment's effective date on the Department's	date of filing: be specific and cannot be prior to date of filing ock does not meet the applicable statutory fipartment of State's records.	(optional) or more than 90 days after filing.) Pursuant to	605.0207 (3)(b) listed as the
	date, but not an effective time, at 12:01 a.	m, on the earlier of: (h) The 90th day	after the

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on record is filed. Dated ___ 2024 alfonso sosa ations 5 5054 (Nov. 13, 2014-12-4) EST)

Signature of a member or authorized representative of a member ALFONSO SOSA Typed or printed name of signee