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

Division of Corporations	
SUBJECT: Many Sider Contruction Name of Limited Liability Company	.lc.
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Truin Maulon Chinchill	a lucero
Mawij. Sidiria (a) Struct	tion LLC.
1914 Franktord Over Writ	1537
Danavna City Florida City/State and Zip Code	32402
Typiv1199213 Quantil. com E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
Stephanie Figueroo at (850) 704 Area Code Daytime	249S. Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SecDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tables	porations
Tallahassee, FL 32314 2415 N. Monroc	Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Fiorida Limited L	навину Сотрану)		
The Articles of Organization for this Limited Liability Company Florida document number 1,21000 118383	were filed on <u>MCC</u>	ch 12,20	Nand assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			_
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	1914 Flankle Prinama (Same	City F e ciddre vio cha	<u>1 (53240S</u> 25 <u>56</u> nge)
B. If amending the registered agent and/or registered office a <u>agent and/or the new registered office address here</u> :	ddress on our records,	enter the name	of the new registered
Name of New Registered Agent:			. 28
New Registered Office Address:	Enter Florida street	t address	
	City	Florida	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

Title	<u>Name</u>	Address	Type of Action
AmBR	Truin marten Chinchilla Lucero	1914 Frankford are unit 1537 Panarna city Fl3:	
	(Owner)		
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
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			🗆 Add
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Effective date, if other than the date of filing: (Optional) (If an effective date, is fisted, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, das date will not be listed as document's effective date on the Department of State's records, are record 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 ord is filed. Dated OHA DARA Signature of a member or authorized representative of a member Typed on printed name of signey.		
Effective date, if other than the date of filing: (optional) Iffan effective date, is issed, the date most be specific and cannot be prior to date of filing or more than 99 days after filing.) Pursuant to 605.0205. Note: If the date inserted in this block does not need the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 ord is filed. Dated Office of a member of authorized representative of a member		
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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record 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 ord is filed. Dated OHO DOC DOC Signature of a member or authorized representative of a member		
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Dated 04/2/2021 Signature of a member or authorized representative of a member	lf an e <u>Note</u>	flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Dated 04/2/2021 July Mulaula Signature of a member or authorized representative of a member	ord is f	īled.
Signature of a member or authorized representative of a member	Dated	1 04/2/2021
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00