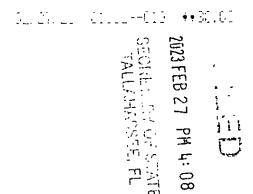
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(Requestor's Name)
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(Document Number)
Certified Copies Certificates of Status
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	R. J. Ramos C Name of Lin	Construction Service Cited Liability Company	es LIC
The enclosed Articles of A	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Greg	Orio Ramos Tre	JO
	<u>G.J. Ru</u>	mos Construction &	Devices LC
	3501_	Auenue G	2023 FE SECRE TALL
		Pierce, FL 3492 City/State and Zip Code	
	+ do @ E-mail address:	to be used for future annual report notification	
For further information co	ncerning this matter, please c		J.E. W.E. 80
rationa Name of	·	at (56) S55-8 Area Code Daytime Telep	879. Ohone Number
Enclosed is a check for the	c 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Section Division of Corporat	ions
P.O. Box 6327 Tallahassee, F	, •	The Centre of Tallah 2415 N. Monroe Stre	assee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ACTION SOLUCES LLC Any as it now appears on our records.) Appears on our records.)	<u>)</u>
The Articles of Organization for this Limited Liability Company of Florida document number <u>L21000130128</u> .		and 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 "LLC" or the abb	reviation L.L.B
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		The Table 1
Enter new mailing address, if applicable:		171 CO - 12- C-
(Mailing address MAY BE A POST OFFICE BOX)		08 31.
D. If amounting the agricultural agent and/or registered affice		-641
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	aaress on our records, <u>enter the name</u>	of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
	, Florida	
	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 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

<u>Title</u>	<u>Name</u>		Type of Action
AMBR	Loogea Huerta	3501 Avenue G	_ XAdd
		3501 Avenue G Foxt Pierce, FL 34947	□Remove
			_ DChange
			□Add
			□Remove
		TALLA	20 FEB 7 Prove 1: Obsence
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			_ □Add
			□Remove
			Change

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Signature of a member or authorized representative of a member	If an effective date is Note: If the date document's effect the record specifies and is filed.							
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Filing Fee: \$25.00