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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	legg Dros Cons	otraction LLC ted Liability Company	
	Amendment and fee(s) are subr	_	
Please return all correspo	ndence concerning this matter t	to the following:	
	Sanue	Vege, Name of Person	
	Vega Br	os Construction Firm/Company	<u> </u>
	3904 Cab	O ROJO Dr. Address	
	St. C600,	F1. 34 772 City/State and Zip Code	
	Very hos	to be used for future annual report noti	tication)
Sanvel Vega Name of Person Vega Blos Construction LLC Firm/Company 3909 Cabo RoJo Dr. Address St. Clow Fl. 34772 City/State and Zip Code Vega Blos Ho B basil Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sanvel Vega at (34) Name of Person Area Code Daytime Telephone Number			
Samue of Name of	1 Vega	at (334) 443- Area Code Daytim	re Telephone Number
Enclosed is a check for th	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 Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		<u>Street Address:</u> Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of 'I	Callahassee

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 HAR -5 PM 3: 15 (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ______. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

___, Florida ____

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		Address 2021 HAR -5 PK 3: / Type of Action		
<u>Title</u>	Name	Address . S Ph 3:	/ <u>Type of Action</u>	
17GR	Samuel Vega	3904 Cabo Rovo Dr.	(L)Add	
	'	3904 Cabo Rovo Dr. St. Clow, F1 34772	□Remove	
			□Change	
			□Add	
			□Remove	
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ffective date, i	other than the date of fili	ng:	(opti	onal)
an effective date is	listed, the date must be specific a	ind cannot be prior to date of fili	ng or more than 90 days after	filing.) Pursuant to 605.0207
	inserted in this block does no ive date on the Department o		ry filing requirements, this	s date will not be listed as t
ocument s crice	ive date on the Exparament o	i State 5 records.		
	a delayed effective date, but n	ot an effective time, at 12:0	1 a.m. on the earlier of: (b) The 90th day after the
is filed.				
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	Daneel	Nece		
	Signature of	a member of authorized representation and the control of the control of single contr	entative of a member	
	<u></u>			

Filing Fee: \$25.00