L21000140112

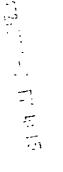
(Requestor's Name)
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(Document Number)
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COVER LETTER

Registration Section

TO:

Division of Cor	•		
	ruction LLC		
	Name of Lim	ited Liability Company	
m	A	_inud for filling	
	Amendment and fee(s) are sub		
Please return all correspo	ndence concerning this matter	to the following:	
	Fausto Rivera		
		Name of Person	
	AIM Construction LLC		
		Firm/Company	
	2234 SW 4th Court		
		Address	
	Cape Coral, Florida 3399	91	
	MiaMusselman1@gmail.c	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Mia Musselman		239 910-4825	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he 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	Section	Street Address: Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIM Construction LLC (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 March 25, 2021 and assigned Florida document number L21000140112 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 , Florida

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 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>	Address	Type of Action
MGR	Jose Galindo	2234 SW 4th Court	
		Cape Coral, Florida 33991	□Remove
			□Change
			□ Change
			🗀 Add
		<u></u>	□Remove
			□Change
			□Add
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ective date, if other than th	e date of filin	ig:			(optional)	
n effective date is listed, the date m te: If the date inserted in this	ust be specific and	d cannot be prior	to date of filing o	r more than 90 day	s after filing.) Pursi	uant to 605.0207 not be listed as
cument's effective date on the	Department of S	State's records.		ing requiremen	is, this dute will i	ioi oc moied in
cord specifies a delayed effect	ive date, but no	t an effective ti	me, at 12:01 a.	n. on the earlier	of: (b) The 90th	n day after the
s filed.						
, May 4		2021				
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ted may 1	and E		>			
ted may	Signature of a	member or auth	orized representa	live of a member		

Filing Fee: \$25.00