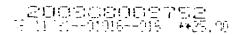


(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/s	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nam	ne)
(Docu	rment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	

Office Use Only 5. C . 07/12/21







COVER LETTER

	gistration Sec vision of Corp			
SUDJECT.		S FINEST CONSTRUCTION	LLC	
SUBJECT:		Name of Lim	nited Liability Company	
The enclose	d Articles of A	Amendment and fec(s) are sub	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		YOANDYS CONTINO		
			Name of Person	
			Firm/Company	
		3032 VASSALLO AVE		
		LAKE WORTH, FL 3346	Address 1	
			City/State and Zip Code	
		YOANDYSCONTINO@G		C
		E-mail address: (to be used for future annual report notification)	2021
For further i	information co	oncerning this matter, please ca	all:	
YOANDYS	CONTINO		561 373-6527	
	Name of	Person	Area Code Daytime Telephone Number	À
Enclosed is	a check for th	e following amount:		211
\$25.00	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Cop (additional copy	Status &
	niling Address	= =	Street Address:	
	gistration S		Registration Section	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTINO'S PINEST 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 4/2/2021	and as	signed
Florida document number L21000153619		
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" o	r the abbreviation "L	LC."
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)		
	· .	<u>C3</u>
	2021	
B. If amending the registered agent and/or registered office address on our records, enter the	e name of the ne	w register
agent and/or the new registered office address here:		-
		.7
Name of New Registered Agent:		
New Registered Office Address:	1: 2	
Enter Florida street address		
, Flori	da	
City	Zin Code	•

New Registered Agent's Signature, if changing Registered Agent:

CONTINUOS CINICOT CONSCEDIRATION I LA C

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mar	Youndays Contino	3077 Vessello zue	🖷 Add
MGR Pres Owner	'	Jake worth, Fl. 33461	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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			Change
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		-	□Change
			□Add
			□Remove
			□Change

CONTINO'S FINEST CO	STRUCTION'LLC.		
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e: If the date inserted in this	e date of filing: ist be specific and cannot be prior to date of filing o clock does not meet the applicable statutory filepartment of State's records.		
cord specifies a delayed effect s filed.	ve date, but not an effective time, at 12:01 a.r	m. on the earlier of: (b) The 90th day after	r th
JUNE 6	2021		
ر. تشدر	the same of the sa		
- <i>U</i>	Signature of a member or authorized representat		

Filing Fee: \$25.00