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COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	INA Dei	Molition ited Liability Company	
	Name of Lim	ned Diability Company	
The enclosed Articles	s of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	
	Albert	Name of Person	
	JINI	A Demolition Firm/Company	N LLC
	9950 Nu	Firm/Company J 9th St Cir H Address	-102
	Miami	FC 3317	2
	Brings A E-mall address: (1	FC 3317 a City/State and Zip Code 1 bert G GMa; L to be used for future annual report notice	(0 M
For further information	on concerning this matter, please co	all:	
Albert	Brings ne of Person	at (<u>786</u>) <u>372 -</u> Area Code Daytim	- 4 906 ne Telephone Number
Enclosed is a check f	or the following amount:		
∑ \$25.00 Filing Fe	e ☐ \$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:

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JINA D	semolition	
	Liability Company as it now appears on ou Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liab	pility Company were filed on $\frac{4/18}{1587}$.	$\frac{1}{2021}$ and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BC	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address l		enter the name of the new registered
Name of New Registered Agent:		ć
New Registered Office Address:		
	Enter Florida stree	· ·
	City	, Florida C. 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 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 Type of Action Title Name President Albert Bringas 9950 NW 9th st cir add Apt 102 Miami, FC PRemove Vice President Jose Modriguez 14 NW 10844 PL MAND Miami, FC 33172 DRemove Managing Member Lisa M Bringes 9950 NW 9th st cir DAD Apt 102 Minni FL Remove 33102 □Remove ___ □Change □Remove

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f an ef Note:	tive date, if other than the ffective date is listed, the date me. If the date inserted in this linent's effective date on the	ust be specific and cannot be block does not meet the	applicable statu	filing or more than 90 days af	(tional) ter filing.) Pursuant to 605,0207 (3 his date will not be listed as the
reco d is f	ord specifies a delayed effect	ive date, but not an effec	ctive time, at 12	:01 a.m. on the earlier of:	(b) The 90th day after the
	4/26/2021	oAX	1		
		Signature of a member of	or authorized repr	esentative of a member	
	Alh.	- Bring	a C		
	11126/1	- (3 · 1 · 1 · 1 · 1 · 1	vr printed name of	fsignee	