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| (Requestor's Name) |
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| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

Registration Section
Division of Corporations

TO:

| SUBJECT: CUSTUM | quality (ins | dr Chian LLC ed Liability Company | |
|---|--|--|---|
| The enclosed Articles of Am | endment and fec(s) are subm | nitted for filing. | |
| Please return all corresponde | ence concerning this matter to | o the following: | |
| | miguel An Custum qua | Name of Person Name of Person A TY CONSTRUCTION Firm/Company | Lic |
| | Soly myn | NG BAY OR | |
| | Orlando, TC | 39899 City/State and Zip Code | |
| | E-mail address: (t | o be used for future annual report noti | fication) |
| For further information con- | cerning this matter, please ca | 315 | 6421 |
| Migus Angulo Name of P | erson | at (410) 775 Area Code Daytim | ne Telephone Number |
| Enclosed is a check for the | following amount: | | |
| √\$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI | rporations | Street Address: Registration Se Division of Co The Centre of 2415 N. Monro | rporations |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 MAY 27 AM 8: 38 (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 Property 1997 1997 and assigned Florida document number <u>L21000</u> 79196 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 "L.L.C." 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.

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> | Name | <u>Address</u> | Type of Action |
|--------------|------------------|----------------------------|----------------|
| MGR | Miguel A. Angulo | Soly myrtle Boy DR orback, | 16.3934 Add |
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| (If an eff Note: | ive date, if other than the date of filing: |
| the recorecord is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led. |
| Dated | <u>\$\rangle 25\rangle 2602</u> , \rangle \rangle 0022. |
| | Signature of a member or authorized representative of a member |
| | Signature of a member or authorized representative of a member My Ang, to Amon. o Typed or printed name of signee |