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A. RIVERS



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## **COVER LETTER**

The enclosed Articles of Amendment and fce(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Castian Regan Cardenas Balbara Name of Person  Firm/Company  13405 Brands Dawn Dr  Address  Lakeland, F1, 33809  City/State and Zip Code  Cabernate Q g mast. Com  F-mail address; (to be used for future annual report notification)  For further information concerning this matter, please call:  Castian Regan Cardenas  Area Code  Daytime Telephone Number  Sinclosed is a check for the following amount:  Cartificate of Status  Cartificate of Status  Cartificate of Status  Cartificate of Status & Certificat Copy (additional copy is enclosed)	Division of Corpo			
Please return all correspondence concerning this matter to the following:  Cristian Region Cardenas Bolloca Name of Person  Firm/Company  13405 Brands Dawn Dr  Address  Address  City/State and Zip Code  Cob empte @ gmasl.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Bolloca  Costian Region Cardenas  at (305) 282 0044 (all time)  Area Code  Daytime Telephone Number  Cinclosed is a check for the following amount:  Second S	SUBJECT: CC?	Cmpere Name of Limit	Constructeor	, LLC
Firm/Company  13405 Brands Dawn Dr  Address  Lakeland, Fl., 33809  City/State and Zip Code  Cob empore @ gmasl. com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Balboa  Costron Region Cardenas at (305) 282 0044 (all time)  Area Code Daytime Telephone Number  Cinclosed is a check for the following amount:  Section Section Section Cardenas at (305) 282 0044 (all time)  Costron Region Cardenas at (305) 282 0044 (all time)	The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing,	
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Certificate of Status Certified Copy Certificate of Status & Certified Copy Certified Copy	Enclosed is a check for the	following amount:		
	□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Address:  Registration Section  Registration Section	Registration Se		Registration Sec	
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee		porations		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Lin	nited Liability Company)		
The Articles of Organization for this Limited Liability Com Florida document number <u>L 21000181956</u> .	pany were filed on Apcel 19, 200	and assigned	d
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 a	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<del></del>	
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the nar</u>	ne of the new reg	<u>vister</u>
Name of New Registered Agent:	- <del></del>	<del></del>	
New Registered Office Address:	Enter Florida street address	<u></u>	
	Enter Florida street adaress, Florida	F1 5	
	City	Zip Gode	
New Desistand Agent's Signature if changing Desistand A	gont:	•	

## 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 Type of Action **Address** Title Name AMBR Cristian Regins 13405 Brande Dawn Dr. Add
Cardenas Brilboa Sakeland #F.FL 33809 \_\_\_\_\_ Change MER Cristian R 13405 Brands Bawn Dr. DAdd Lakeland, FL, 33809 Remove \_\_\_\_\_ Change 13405 Brande Dawn Dr BAdd Lakeland, FL 33809 | | Remove \_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_ □Change

Effective date, if other than the date of filing:		
Effective date, if other than the date of filing:  [Optional]  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  Perecord 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 dis filed.  Dated  10 25 2021		
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Signature of a member or authorized representative of a member	ated _	10/25/2021
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