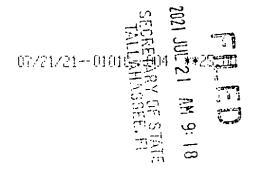


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Office Use Only





COVER LETTER

	Registration Sec Division of Corp			
		RUCTION MANAGEMENT	OF FLORIDA, LLC	
SUBJEC	::	Name of Limi	ited Liability Company	
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JORGE DE LA ROSA		
			Name of Person	
		JD CONSTRUCTION MA	NAGEMENT OF FLORIDA. LLC	C
			Firm/Company	
		9430 MARTINIQUE DRI	VE	
			Address	
		CUTLER BAY, FL 33189		
		_	City/State and Zip Code	
		jorgedlr2004@gmail.com		· · · · · · · · · · · · · · · · · · ·
		E-mail address: ()	to be used for future annual report noti	lication)
For furth	er information co	oncerning this matter, please ca	ali:	
Jorge De	: La Rosa	_	786 328-8341 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	l is a check for th	e 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
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JD CONSTRUCTION MANAGE	MENT OF FLOR	IDA. LLC	
(<u>Name of the Lin</u>	ited Liability Com (A Florida Limited	pany as it now appears on our reco d Liability Company)	ords.)
The Articles of Organization for this Limited Florida document number L21000210997	Liability Compar	ny were filed on Mat 1, 2021	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited lia	bility company here:	
De La Rosa Services of Florida, LLC			
The new name must be distinguishable and contain the	words "Limited Lial	bility Company," the designation "Li	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	No Change to Address	
(Principal office address MUST BE A STRE			SE(
Enter new mailing address, if applicable:		No Change to Address	21 TT
(Mailing address MAY BE A POST OFFICE	E BOX)		Mio to
			10月 —
B. If amending the registered agent and/or agent and/or the new registered office addr		e address on our records, <u>ent</u> o	er the name of the new register
Name of New Registered Agent:	No Change		
New Registered Office Address:			
		Enter Florida street addi	ress
		. 1	Florida
		City	Zıp 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ctive date, if other than the date	the date of filing: must be specific and cannot be prior to date of fi	iling or more than 90 days after filing \	Dumunut to 605.0
11 the date inserted in this	s block does not meet the applicable statute	ory filing requirements, this date w	rill not be listed
ment's effective date on the	e Department of State's records.		
ord specifies a delayed effec filed.	ctive date, but not an effective time, at 12:0	01 a.m. on the earlier of: (b) The	90th day after t
thed.			
July 13	2021		
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d ===, **:			
d <u>,</u>	400000 -	7	
<u> </u>	Signature of a member or authorized repres	scriptive of a member	
JORGE DE LA ROS		sentative of a member	

Filing Fee: \$25.00