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## **COVER LETTER**

TO: Registration Division of C	Section Corporations				
NEW PA	ATH CONSTRUCTION GROU	P LLC			
	Name of Li	mited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for tiling.			
	spondence concerning this matte	-			
	Alfredo Urrutia				
		Name of Person	<u>-</u>	-	
	New Path Construction G	roup LLC			
		Firm/Company		_	
	9208 SW 136 street circle	•			
		Address		-	
	Miami, FL 33176				
		City/State and Zip Code		-	
	alf_urrutia@yahoo.com				
For further information	E-mail address: concerning this matter, please c	to be used for future annual report	notification)	::7	
Alf Urrutia		786 306-2707	7		C
Name	of Person		rtime Telephone Number		•
Enclosed is a check for	the following amount:				,
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Statils &	
Mailing Addre Registration		Street Address Registration	Section		
DIVISION OF 4	COLDOCADONS	Division of C	Ornorations		

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

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

New Path Construction Group LLC

(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L21000227942</u>	mpany were filed on 5-17-21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limits	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	355)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the nam	ie of the new registe
Name of New Registered Agent:		· .
New Registered Office Address:	Enter Florida street address	
	, Florida	No. 1
New Registered Agent's Signature, if changing Registered	City Agent:	Zip Code
I hereby accept the appointment as registered agent as provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, and I am j ent as provided for in Chapter 605. F.S. Or	familiar with and if this document is
	If Changing Registered Agent, Signature of New Re-	Oltfered A cent

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
MGR	Rafael L. Roger	13265 SW 124 street	<b>∃</b> Add
		Miami, FL 33186	□Remove
			□Add
			□Remove
			Change
			□ Add
			Remove
			Change
			□Add
			Change
			DRemove
			———— Change
		•	
	·		□Remove
			———— Change

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tive date, if other than the date of filin fective date is listed, the date must be specific an If the date inserted in this block does not	ig: id cannot be prior to date of fi	line or more than 90 days	ptional)
If the date inserted in this block does not ment's effective date on the Department of		ory filing requirements,	this date will not be lis
on the Department of the Comment of	oute s records.		
rd specifies a delayed effective date, but no	t an affactive time of 12.		(b) The 90th day after
iled.	t all effective time, at 12:0	I a.m. on the earlier of	(b) The 90th day after
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Hugust 9	7021		
Call	111	<b>&gt;</b> .	
allfor	1//		
Signature of a	member or authorized repres	entative of a member	

Filing Fee: \$25.00