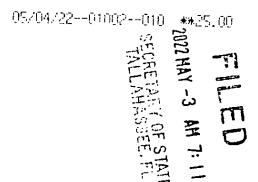
L21000245316

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A. BUTLER MAY - 4 2022

COVER LETTER

Division of Corporations
SUBJECT: <u>ED/7/0N</u> CONSTRUCTION LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Corlos Tesada
Firm/Company
767 Buckskin Cir
Nidway Fl. 32343 City/State and Zip Code
Corlos 010% Toto do GHAIL. Corr E-mail address: (to be lised for furdre annual report notification)
For further information concerning this matter, please call:
Carlos Tesodo at (450) 400 66 96 Name of Person at (450) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee & ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)

Mailing Address:

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

(Name of the Limited Liability (A Florida	ty Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L210002453</u> 1	ompany were filed on Ua l	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the desig	mation "LLC" or the abbreviation "L L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	(ESS)	
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:	d office address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
		Florida
	City	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 Changing Registered Agent, Signature of New Registered Agent

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

Title	Name	Address	Type of Action
AMBR	Elsy Cloribel Vosquez	87 BUCKSKIN CAT Hidway	[LAdd
	Vosquet	Fl. 37343	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Add
		□Remove	
			[]Change
			□Remove
			□Change

Note	(optional) ffective 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 605 020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
he rece ord is t	ord 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 filed.
Dated	105-3-2022
	Signature of a member of authorized representative of a member
	Corlog Tegada Typel or printed name of signce
	$(\circ \circ) \circ (\circ \circ$

Filing Fee: \$25.00