Division of Corporations

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Florida Department of Stat Official of Conferations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : API PROCESSING Account Number : I20110000069 Phone : (954)567-0013 Fax Number : (954)567-3401

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: kathy@apiprocessing.com

場合: LLC AMND/RESTATE/CORRECT OR M/MG RESIGN O'BRIEN CONSTRUCTION SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

K. SALY

OCT 13 2023

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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AR?		ORGANIZAT	TON	
AN)F	1011	ζ.)
		/1		
O'BRI	EN CONSTRUCTIO	ON SERVICES LLC	_	
		uny as it now appears Liability Company)		
	(A Flonda Limited	Liability Company)		
The Articles of Organization for this Limited	Liability Compans	were filed on	07/14/2021	and assigned
Florida document number				
iorida dosamoni danidoi	·			
his amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company her	<u>re</u> :	
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de-	signation "LLC" or the al	hbrevistion "L.L.C."
			WAY SUITE 503	
Enter new principal offices address, if applicable:				·
Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	FORT LAUDER	DALE, FL 33309	
Enter new mailing address, if applicable:		4901 NW 17TH	WAY SUITE 503	
Mailing address MAY BE A POST OFFICE	r ROY	FORT LAUDER	DALE, FL 33309	
wanting audiess MAL DE N 1 031 01 1 1 022	10001			
. If amending the registered agent and/or gent and/or the new registered office addre	registered office t	address on our rec	cords, enter the nam	ne of the new registered
The angles the new register of other addre	133 HELG.			
	ም ክ ል <i>ርሚ ለመካተ</i>	EN.		
Name of New Registered Agent:	TRACY O'BRI	EN		
New Registered Office Address:	4901 NW 17TF	WAY SUITE 503		
How registered office real ess.			la street uddress	
	FORT LAUDE	RDALE	37 1 - 11	33309
		Clty	, Florida	Zip Code
				27 01110

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

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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	TRACY O'BRIEN	4901 NW 17TH WAY SUITE 503	
		FORT LAUDERDALE, FL 3309	Remove
			□ Change
AMBR	TRACY O'BRIEN	4901 NW 17TH WAY SUITE 503	\ Add
		FORT LAUDERDALE, FL 33309	□Remove
			□Change
AMBR	BRANDY O'BRIEN	4901 NW 17TH WAY SUITE 503	≅Add
		FORT LAUDERDALE, FL 33309	□Rcmove
			□ □ Add □ Remove □ □ □ Change
			□Add
			Change
			□Add
			□Remove
			□ Change

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Effective date, if other than the date of filing:	tional) er filing.) Pursuant to 605,0207 (3 his date will not be listed as the
e record specifies a delayed offective date, but not an effective time, at 12:01 a.m. on the earlier of: (rd is filed.	b) The 90th day after the
Dated Oct 12, 2023	·
Tracy O'Brien Teacy D'Onien (Del 12, 2023 10 Le 207)	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00