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COVER LETTER

то:	Registration Section Division of Corpo		
SUBJE	СТ:	A 4 B CO	NSTruction (CC ted Liability Company
The enc	losed Articles of Ar	nendment and fee(s) are sub-	nitted for filing.
Please r	eturn all correspond	ence concerning this matter	o the following:
0	her information con Baybaya Name of P	CINT A 4 30 26 MIGH CIN HIGH E-mail address: (to cerning this matter, please can consider the cerson	Name of Person B Construction (LC) Firm/Company NW 570 ST Address 1 PA 33/42 City/State and Zip Code ami 42 @ amail.com o be used for future annual report notification) II: at (784) 423/922 Area Code Daytime Telephone Number
Enclose	d is a check for the	following amount:	
□ \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address: Registration Sec Division of Cor P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AYB Construc	ation //c
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 21,000 38 00 22</u>	by were filed on $\frac{4/27/2023}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3026 NW 56 ST
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33142
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
Name of New Registered Agent:	
-	
New Registered Office Address:	Enter Florida street address
	••••
	, Florida

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>	<u>Address</u>	Type of Action
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:ument's ef	fective date on t	the Department (of State's re	cords.	, ,	·		
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Filing Fee: \$25.00