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(Re	questor's Name)
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Certified Copies	Certificate	es of Status
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COVER LETTER

Division of Cor	porations		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mario	Jame Tr. Name of Person	
	AZM	Civil LLC	
	5027 F	airtax W Address	
	Lakeland AMCIVITE E-mail address: (1	City/State and Zip Code Orida O a mail to be used for future annual report noti	COM fication)
For further information c	oncerning this matter, please co	ult:	
Mame o	Jaine, Tr	at (<u>\$13</u>) <u>316-</u> Area Code Daytim	R83) e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	© 830.00 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)

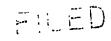
TO:

Registration Section

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



2022 JUN 29 AH 10: 27 ed Liability Company as it now appears on our records:) 1 12 4.5 7 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

_. Florida ___

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	on Fairfax b)	Type of Action
MGR	Susana Diaz-Ren	teria	Lakeland, FL 3381	3 co/su
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_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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lf an effe <u>Note:</u>	to the date of filing:
e record rd is file	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 ed.
Dated _	Mario Jan Signature of a member or authorized representative of a member
	Marco Jan Signature of a member or authorized representative of a member
	Mario Jaime Typed or printed name of signee

Filing Fee: \$25.00