L21000408120

questor's Name)	
dress)	
lress)	
//State/Zip/Phone	e #)
WAIT	MAIL
siness Entity Nar	ne)
cument Number)	
Certificates	s of Status
Filing Officer:	
	Iress) Iress) IState/Zip/Phone WAIT Siness Entity Nar cument Number)

Office Use Only

A. RIVERS JAN 3 0 2023



700397486067

COVER LETTER

TO: Registration S Division of Co				
	onstruction LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
•	Jose A Chicas-Andrade			
		Name of Person		
	Chitors Construction LLC			
		Firm/Company		
	1907 Fulton Drive			
		Address		
	Fort Pierce, Florida 34950			
	JChicas@chitorsconstructio	City/State and Zip Conn.com	de	
	-	to be used for future annu	ual report notification)
For further information	concerning this matter, please c	all:		
Jose A Chicas-Andrade		772 at ()	519-3852	
Name	of Person	Area Code	Daytime Telep	hone Number
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy tadditional copy is		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
Mailing Addre			Address:	
Registration Division of (Corporations	_	stration Section sion of Corporati	ions
P.O. Boy 63		The (Centre of Tallaha	assee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Company as it now appears on our records.) imited Liability Company)		_
npany were filed on September 15th, 2021	and	l assigned
,		
ed liability company here:		
d Liability Company," the designation "LLC" or the	abbreviatio	n "L.L.C."
(SS)		
		
office address on our records, enter the na	ime of the	new registe
		989
	······································	Ξ, Τ ,
Enter Florida street address	<u>.</u>	= 1
, Florida	,	- ·
City	Zip C	ode C
Agent:		. [
nd agree to act in this capacity. I further on higher performance of my duties, and I and that as provided for in Chapter 605, F.S. O	n familiai	omply with with and
	Enter Florida street address City Agent: ad agree to act in this capacity. I further applete performance of my duties, and I an Inplete performance of my duties, and I an Inplete performance of my duties, and I an	d liability company here: d Liability Company," the designation "LLC" or the abbreviation (SSS) Enter Florida street address City Zip C Agent: and agree to act in this capacity. I further agree to caplete performance of my duties, and I am familian

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
AR	Hugo D Torres		
uthorized fe	presentative	1840 Lake Circle Fort Pierce, FL 34945	
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			
			Remove
			□Change
			🗆 Add
			Remove
			□Change

			· · · · · · · · · · · · · · · · · · ·		· ·
			 -		
					
		····	-		
	·	.			
	· · ·				
				<u> </u>	
· · · · · · · · · · · · · · · · · · ·					
			<u> </u>		
		 	<u>.</u> .		
					
footive data if other than the de	te of filing:	022		(ontional)	
fective date, if other than the da n effective date is listed, the date must be	specific and cannot be p	rior to date of filing	or more than 90 day	ys after filing.) Pursua	int to 605,0207
nte: If the date inserted in this block cument's effective date on the Depa	does not meet the ap	plicable statutory rds.	filing requiremen	its, this date will no	it be fisted as
ecord specifies a delayed effective d	ate, but not an effecti	/e time, at 12:01 a	a.m. on the earlier	of: (b) The 90th	day after the
is filed.					
November 11th	2022				
ited	,	· ·			
XO .					
Sign	nature of a member or	authorized represen	tative of a member	-	
t in the City of American					
Jose A Chicas- Andrade					

Filing Fee: \$25.00