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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

	ration Sec on of Corp				
Pe SUBJECT:	etra Buildin	g Contractors, LLC			
Jebozet		Name of Li	mited Liability Company	_	
The enclosed Ar	rticles of A	mendment and fee(s) are su	abmitted for filing.		
Please return all	согтеѕропо	dence concerning this matte	er to the following:		
		Vitor Odisio			
			Name of Person		
		Petra Building Contractor	rs, LLC		
			Firm/Company	_	
		7515 Fairway Trl.			
			Address	<u>·</u>	
		Boca Raton, FL. 33487			Tig Di s
			City/State and Zip Code		:
				:	5.5
			(to be used for future annual report notification)	• • •	15
For further inform	mation con	cerning this matter, please of	call:		
Manar Amireh			954 552-4423 at ()		
	Name of P	erson	Area Code Daytime Telephone Numb	er	
Enclosed is a che	ck for the i	following amount:		•	
□ \$25.00 Filing	g Fee	S30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	ate of	Status &
Registr Divisio P.O. Bo	Address: ration Secon of Corpox 6327 assec, FL	porations	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

Petra Building Contractors, LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Compa	ppears on our records.) any)
The Articles of Organization for this Limited		n 09/30/21 and assigned
Florida document number L21000430563		
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compar	ny here:
The new name must be distinguishable and contain the	words "Limited Liability Company."	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STRE	ET ADDRESS)	
		<u> </u>
		·
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
		•!
		11 113
		ur records, enter the name of the new registe
gent and/or the new registered office addre	ess here:	
Name of New Registered Agent:	Violations & Permitting Solu	tions, Inc.
New Registered Office Address:	4255 NW 81st Ter.	
	Enter	r Florida stree: address
	Coral Springs	, Florida ³³⁰⁶⁵
	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

<u>Title</u>	Name	Address	Type of Action
AMBR	Manar Amireh	4255 NW 81st Ter.	
		Coral Springs, FL, 33065	≣Remove
			□ Change
AMBR	Violations & Permitting Solutions,	4255 NW 81st Ter.	≣ Add
		Coral Springs, FL, 33065	□Remove
			□Change
			Add
			□Remove
			□Change
			H
			□Remove
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fective date, if other than the date of filing:			_ (optional)	
on effective date is listed, the date must be specific and cannot be the lift the date inserted in this block does not meet the	applicable statuto	ing or more than 90 d ry filing requireme	ays after filing.) Pu ents. this date wil	rsuant to 605.020 I not be listed a
ocument's effective date on the Department of State's re-	ecords.			
ecord specifies a delayed effective date, but not an effective date, but not an effect is filed.	ctive time, at 12:0	l a.m. on the earlie	er of: (b) The 90	oth day after the
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nted03/13/2024 ,				
L				
Signature of smember of Typed of	or authorized represi	entative of a member		
U	•			
Vitor Odisi	in			

Filing Fee: \$25.00