## L21000441746

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PICK-UP WAIT MAIL
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(Document Number)
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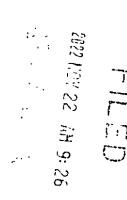
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A. RIVERS FEB - 8 2023



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## **COVER LETTER**

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Registration Section

TO:

Division of Cor	porations		
	CONSTRUCTION LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
Name of Limited Liability Company  the enclosed Articles of Amendment and fee(s) are submitted for filing, the ease return all correspondence concerning this matter to the following:    PAAVO SALMI			
	PAAVO SALMI		
	<del></del>	Name of Person	<del></del>
	STEEL X CONSTRUCTE	ON LLC	
	-	Firm/Company	<del></del>
	1475 PINE AVE		
		Address	
	ORLANDO, FL 32824		
		City/State and Zip Code	
		to be used for future annual report no	uffication)
For further information c		•	,
PAAVO SALMI			
Name o	f Person		me Telephone Number
Enclosed is a check for the	ne following amount:		
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Registration S Division of C	Section orporations	Registration Se Division of Co	prporations
Tallahassee, l	<sup>2</sup> L 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEEL X CONSTRUCTION LLC

( <u>Name of the Limited L</u> (Å F	hability Company as it now appears on our records.) Torida Limited Liability Company)			
The Articles of Organization for this Limited Liabil Florida document number 1.21000441746	lity Company were filed on 10/08/2021	and ass	igned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the ab	breviation "L.	iC."	
Enter new principal offices address, if applicable	e:			<u> </u>
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:			<del></del>	-
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			_
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the nam</u> ere:	e of the new	<u>y regis</u>	itered
Name of New Registered Agent:				
New Registered Office Address:		32.5	2022	
	Enter Florida street address	\$2°.	403	1]
_	, Florida	• • •	22	亍
	City	Zip Code	<u> </u>	7 7
New Registered Agent's Signature, if changing Regi	stered Agent:		=== 9	
provisions of all statutes relative to the proper a accept the obligations of my position as register	gent and agree to act in this capacity. I further againd complete performance of my duties, and I am feed agent as provided for in Chapter 605, F.S. Or, istered office address, I hereby confirm that the lingue.	lamiliar wit if this docu	मिवार्त ment i	

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
AGENT	ALEJANDRO MARRIAGA	7751 KINGSPOINTE PARKWAY, UNIT 110	□Add
		ORLANDO, FL 32819	≣Remove
			Change
AREP	ALEJANDRO MARRIAGA	7751 KINGSPOINTE PARKWAY, UNIT 110	□ Add
		ORLANDO, FL 32819	\BRemove
		<del></del>	□Change
			□Add
			□Remove
			Change
	· · · · · · · · · · · · · · · · · · ·		🗆 Add
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			□Remove
			[]Clyange

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
-	
_	
Note: 11	e date, if other than the date of filing:
the record cord is filed	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 d.
Dated _	November 21, 2021.
	Signature of a member of authorized representative of a melinber  All May 1 age  Typed or printed name of signee

Filing Fee: \$25.00