621000459036

(Requestor's Name)
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(Address)
(Address)
,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FI

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COVER LETTER

Division of Co	rporations				
SUBJECT: Ed	Construction Name of Lim	Services, UC ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Munoz Rivera Name of Person Notion Services, 1 Firm/Company	uc		
	3720 14th	ST W Address			
	Lehigh Acre	City/State and Zip Code		202: SEC	
	CYUZMUNO E-mail address: ()	225 @ icloud.cor	$\frac{\gamma_0}{\gamma_0}$	AUG RET	1
For further information of	concerning this matter, please or		,	24 ARY HAS	i de la companya de l
Jose E Mame o	Junuz River	at (<u>239</u>) <u>321-101</u> Area Code Daytime Tele	2 ephone Number	ROZZ AUG Z4 PH 4: 39 ECRETARY OF STATE TALLAHASSEE, FL	D
Enclosed is a cheek for the	he following amount:				
□ \$25.00 Filing Fee	22 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	e of Status &	

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 OF

Edy Construction Sewic (Name of the Limited Liability Company) (A Florida Limited Liability Company)	es (Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L21000459034</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	i <u>ty company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	number	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, <u>ente</u>	AHASSEE, FILE
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	288
	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	erformance of my duties, a ovided for in Chapter 605,	ind I am familiar with and F.S. Or, if this document is

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Croz Muñoz	3720 14th ST W	<u>L</u> ⊟∕Add
		Lehigh Acres, FL 33971	_ □Remove
			_ 🗆 Change
			_ □Add
		<u></u>	_ □Remove
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Effectiv	e date, if other than the date of filing: 9/03/2022 (optional)		
f an effe	tive date is listed, the date must be specific and cannot be prior to date of filling or more than 90 days after filling.) Purs the date inserted in this block does not meet the applicable statutory filling requirements, this date will		
docume	t's effective date on the Department of State's records.		
			.1.
d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90t l.	n day atter t	ine
	<u>8/03/2027</u>		
Dated _			
Dated _	8/03/2027. Signature of a member or authorized representative of a member		

Filing Fee: \$25.00