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| (Re | equestor's Name) | 1 |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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| eud ie <i>c</i> t. | EDY CON | STRUCTION SERVICES LLC | 3 | | | |
| SUBJECT: | | Name of Lim | ited Liability Company | | | |
| The enclose | d Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please returi | n all correspo | ondence concerning this matter | to the following: | | | |
| | | | JOSE E MUNOZ | | | |
| | | | Name of Person | | | |
| | | EDY | CONSTRUCTION SERVICES | LLC | | |
| | | | Firm/Company | | | |
| | | | 3720 14TH ST W | | | |
| | | | Address | | | |
| | | LI | EHIGH ACRES, FL 33971 | | | |
| | | | City/State and Zip Code | | | |
| | | | RMUNOZ41@HOTMAIL.CON | | | |
| | | E-mail address: (| to be used for future annual report n | otification) | | |
| For further i | nformation c | oncerning this matter, please co | all: | | | |
| | JOSE E M | MUNOZ | 239 at () | 321-1612 | | |
| Name of Person | | Area Code Dayt | ime Telephone Number | | | |
| Enclosed is: | a check for th | ne following amount: | | | | |
| □ \$25.00 i | Filing Fee | ■ \$30.00 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) | | |
| | iling Addres | | Street Address: Registration S | Section | | |
| Registration Section Division of Corporations | | Division of Corporations | | | | |
| P.0 | D. Box 632 | 7 | The Centre of | Tallahassee | | |
| Tallahassee, FL 32314 | | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| EDY CONSTRU | JCTION SERVICES L | LC | |
|---|--|-------------------------------|-------------------|
| (<u>Name of the Limited Liability Co</u> (A Florida Lim | ompany as it now appear ited Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited Liability Comp | oany were filed on | OCTOBER 21, 2024 | and assigned |
| Florida document number L21000459036 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited | liability company ho | ere: | |
| M&R BUILDERS LLC | | | |
| The new name must be distinguishable and contain the words "Limited | Liability Company," the d | esignation "LLC" or the abbre | eviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRES. | <u>s)</u> | | |
| | | | |
| | | | 2/ |
| Enter new mailing address, if applicable: | | · | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | 1 - |
| | | • | <u>6</u> |
| | | | |
| B. If amending the registered agent and/or registered of | fice address on our re | ecords, <u>enter the name</u> | - |
| agent and/or the new registered office address here: | | | 50 |
| | | | |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Flor | ida street address | |
| | | , Florida | |
| | 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 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 |
|--------------|-------------|---------|----------------|
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| (If an effective danse) Note: If the danse | e, if other than the date of the is listed, the date must be spe late inserted in this block do fective date on the Departm | ecitic and cannot be prior to es not meet the applicab | date of filing or more than 90 da | (optional) ys after filing.) Pursuant to 605,0207 (hts, this date will not be listed as th |
| the record specificated is filed. | les a delayed effective date, | but not an effective time | e, at 12:01 a.m. on the earlier | r of: (b) The 90th day after the |
| Dated <u>0</u> | t-10 | . 2024 | | |
| | be | | | |
| | Signati | ure of a member or authoriz | ed representative of a member | |
| | <i>U</i> | ure of a member or authoriz SC E. Munica Typed or printed i | | |
| | <u> </u> | Typed or printed in | name of signee | |

Filing Fee: \$25.00