## 121000464399

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MA	AIL
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Y. SCOTT DEC 15 2021

## **COVER LETTER**

TO:

Registration Section

Div	ision of Cor	porations				
CUBICOT	PROMESA	UNIVERSAL LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		CARMERINA SANDOVA	AL ALVARADO		20' S!	
			Name of Person		2021 DEC - SEGRETA	Canal Canal S
		<del></del>	Firm/Company		では、一	
		319 SIBERT AVE UNIT 3	3		PM 3: 07	
			Address		3: 0. E.F.	
		DESTIN, FL. 32541			Lu —	
			City/State and Zip Code	=	_	
		SANDOVALCARMERINA	<del>-</del>			
			to be used for future annual report noti	fication)		
For further in	nformation c	oncerning this matter, please co	all:			
CARMERIN	IA SANDO	VAL ALVARADO	850 714-7679 at ( )			
	Name o	f Person	Area Code Daytim	e Telephone Numbe	r	
Enclosed is a	check for th	ne following amount:				
Ø∵\$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &	
Reg Div P.C	iling Address gistration S vision of C D. Box 632 lahassee, I	Section Corporations 27	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite (	810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PROMESA UNIVERSAL LLC  (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.)	
The Articles of Organization for this Limited Liability Company		and assigned
Florida document number L21000464399		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
PROMESA UNIVERSAL BRICK PAVERS LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbrevi	a∰ "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> 공</u>	
		<u>a</u> 0
Enter new mailing address, if applicable:	<u> </u>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		7
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of</u>	the new regi
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Ener I torial street duaress	

## 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.

City

Zip Code

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
			□Remove
			□Change
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			□ Change

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020.  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a document's effective date on the Department of State's records.  The record 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							·		
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Filing Fee: \$25.00