Florida Department of State Division of Conducations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

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: REGISTERED AGENTS INC. Account Name

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:						
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FLORIDA DEVELOPMENT DESIGN AND CONSTRUCTION LEC

Certificate of Status	0
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OCT 25 2022

K. Brumbley

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA DEVELOPMENT DESIGN AND CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia	bility Company v	were filed on $\frac{11/12}{}$	2/21	and	assigi	ned
Florida document number <u>L21000488881</u>	·					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liabil	lity company here:				
The new name must be distinguishable and contain the we	ords "Limited Liabili	ty Company," the design	ation "LLC" or the a	bbreviation	n "L.L.C	
Enter new principal offices address, if applica	ble:					
(Principal office address MUST BE A STREE)	office address MUST BE A STREET ADDRESS)					
			<u></u>	- <u>-35</u>	8	
					24	77.78
Enter new mailing address, if applicable:					P	265
(Mailing address MAY BE A POST OFFICE L	<u>80X)</u>		<u>.</u>	<u> </u>	.; ⊒	-
				· · · · · · · · · · · · · · · · · · ·	: 	
B. If amending the registered agent and/or reagent and/or the new registered office address		ddress on our recor	ds, <u>enter the nar</u>	ne of the	new t	egistered
Name of New Registered Agent:	Registered	Agents Inc				
New Registered Office Address:	7901 4th S	st N STE 300				
	 -	Enter Florida si	treet address			
	St. Petersh	ourq	, Florida <u>3</u>	3702		
		City	1 100 1444	Zip C	ode	

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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	1000017384 ONTARIO INC.	400 NW 7TH AVE #14310	X (Add
		FT. LAUDERDALE, FL 33311	□Remove
			□Change
AMBR	CYRUS REZVANIAN	400 NW 7TH AVE #14310	□Add
		FT. LAUDERDALE, FL 33311	∑ Remove
			🗆 Change
AMBR	PAOLA MICHELLE	400 NW 7TH AVE #14310	□Add
		FT. LAUDERDALE, FL 33311	Æ Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			DAdd
			□Remove
			□Change

	ation, enter change(s) here: (Attach add	
		- Luny
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		- "
		<u> </u>
Effective date, if other than t (If an effective date is listed, the date i Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory to	(optional) or more than 90 days after filing.) Pursuant to 605.020 iling requirements, this date will not be listed as
ne record specifies a delayed effectord is filed.	ive date, but not an effective time, at 12:01 a.i	m. on the earlier of: (b) The 90th day after the
Dated 10/24	2022	
Riley Park	Signature of a member or authorized representation	tive of a member
	arguature of a member of authorized representa-	are or a member
Riley Park	Typed or printed name of signe	

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