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To:

Division of Corporations

: (850)617-6383 Far Number

From:

: PETER MATHISON LLC : 128210000152 Account Name Account Number (305)520-9343 Pagne

: (786)705-2048 Fax Number

> \*\*Enter the exail address for this business entity to be used for future annual report mailings, Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMERICAN REAL ESTATE COMPANY A&E LLC

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TO:

## **COVER LETTER**

CT. 1.1. 2.111	AMERICAN REAL E.	STATE COMPANY A&E LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	F	ERNANDO VILLARREAL	
		Name of Person	<del></del>
		PETER MATHISON LLC	
PETER MATHISON LLC  Firm/Company  800 SE 4TH AVENUE, SUITE 139  Address  HALLANDALE BEACH, FL 33009  City/State and Zip Code  ADMIN@TUCONTADORENMIAMI.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  FERNANDO VILLARREAL  at ()  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee \$\Bigcircless{500.00}\$ S60.00 Fil			
	Name of Limited Liability Company  losed Articles of Amendment and fee(s) are submitted for filing.  eturn all correspondence concerning this matter to the following:    FERNANDO VILLARREAL		
		Address	
	AMERICAN REAL ESTATE COMPANY A&E LLC  Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  um all correspondence concerning this matter to the following:    FERNANDO VILLARREAL   Name of Person		
	E-mail address: (	to be used for future annual report	notification)
For further information co	neerning this matter, please co	all:	
FERNANDO VI	LLARREAL	= <del></del>	
		Area Code Day	ytime Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration S Division of Co P.O. Box 632	ection orporations	Registration Division of C The Centre C 2415 N. Mo	Section Corporations of Tallahassee nroe Street, Suite 810
Registration S Division of Co P.O. Box 632	ection orporations	Registration Division of C The Centre C	s: Section Corporations of Tallahassee nroe Street, Suite 810

## From: +17867052040 (TU CONTADOR EN MIAMI)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMERICAN REAL ESTATE COMPANY A	\$ELLC	Story Story
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	11/16/2021	21 NOV 22 mm 10: 17
This amendment is submitted to amend the following:		1
A. If amending name, enter the new name of the limited liability company he	<u>re</u> :	
AMERICAN CONSTRUCTION COMPANY A&	E LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:	,	
(Principal office address MUST BE A STREET ADDRESS)		
	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:		
Enter Flor.	ida street address	
City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		xηr cone
I hereby accept the appointment as registered agent and agree to act in this approvisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in Cheing filed to merely reflect a change in the registered office address, I herebe company has been notified in writing of this change.	my duties, and I am fo Thapter 603, F.S. Or, 1	imiliar with and 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>	Name	Address	Type of Action
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			□Remove
			[] Change
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Filing Fee: \$25.00