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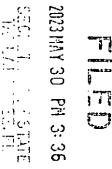
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	





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Y. SCOTT

JUL 2 3 2025

COVER LETTER

TO: Registration Section Division of Corporation	8	e e e e e e e e e e e e e e e e e e e	•
SUBJECT: • CM C	unstruct	ion Pfus Ll	<u>_C.</u>
	Name of Limi	ted Liability Company	
٠.			
The enclosed Articles of Amendm	ent and fee(s) are subt	nitted for filing.	÷
Please return all correspondence co	oncerning this matter t	to the following:	
	ERIXO	Carter O Name of Person	
	EH	E Firm/Company	
	p s	BOX 2612	2023 HAY 30
	Wood	Address 1Stock, GA	30188 - TT
	ERIKA, C	City/State and Zip Code CUP-LLO 60 C o be used for future annual report no	Mail Com
For further information concerning	g this matter, please ca	ıll:	
ERIKU (<u>antero</u>	at LOT8) LOY &	3 - 071 Y ne Telephone Number
Enclosed is a check for the following	_		
X \$25.00 Filing Fee ☐ \$30 C).00 Filing Fee & ertificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231		Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations
		Tallahassee, Fi	L 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LIVI CONSTRUC	shon Pi	20s L	LC ,	•
(Name of the Limited Liability (A Florida Li	Company as it now imited Liability Com	appears on our r pany)	ecords.)	÷.,
The Articles of Organization for this Limited Liability Con Florida document number <u>L2</u> 1000501442	npany were filed	on 11/2	1/2021	and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite CM CONSTRUCTION (one L	LC		
The new name must be distinguishable and contain the words "Limited	d Liability Company.	." the designation	"LLC" or the abbi	resistion "L.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>			ω 1
Enter new mailing address, if applicable:			STATE STATE	RH
(Mailing address MAY BE A POST OFFICE BOX)			 	.
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on	our records, <u>c</u>	nter the name	of the new registe
Name of New Registered Agent:		<u> </u>		
New Registered Office Address:	En	ter Florida street c	uddress	
			, Florida	
	City			Zip Code
New Registered Agent's Signature, if changing Registered A	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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Remove
			□ Change
		4-2-1 Lan	
			□Remove
			☐ Change
-			□Add
			2023 Change
			PH DAdd
			□Remove
			□Change
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			□Remove
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			□ C'hannu

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	3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3: 3
ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of te: If the date inserted in this block does not meet the applicable state unment's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, at 12 s filed.	2:01 a.m. on the earlier of: (b) The 90th day after the
ed May 24 2023 CIPILISMAR MAI	1 . 1
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