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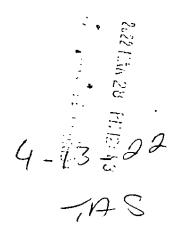
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Tallahassee, FL 32314

| | istration Se ision of Cor | | | |
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| CUDIECT. | ALVARAD | OO BLOCK LLC | | |
| SUBJECT: | | Name of Lim | ned Liability Company | |
| The enclosed | f Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please returi | all correspo | ndence concerning this matter | to the following: | |
| | | OSCAR A. ALVARADO | BONILLA | |
| | | ·-·· | Name of Person | <u> </u> |
| | | ALVARADO BLOCK EL | C | |
| | | | Firm/Company | |
| | | 360 NE 18TH AVE. APT a | ÷ 203 | |
| | | | Address | |
| | | HOMESTEAD, FL 33033 | | |
| | | | City/State and Zip Code | |
| | | PATTYSACCTAX@LIVE | COM to be used for future annual report no | i i i i i i i i i i i i i i i i i i i |
| For further i | nformation c | oncerning this matter, please ca | - | macaumy |
| OSCAR A. | ALVARAD(|) BONILLA | 786 797-4575 at () | |
| | Name o | f Person | Area Code Dayti | me Telephone Number |
| Enclosed is | i check for th | ne following amount: | | |
| S \$25.00 I | filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| | iling Addres | | Street Address: | |
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| |). Box 632 | | The Centre of | • |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALVARADO BLOCK LLC

(Name of the Limited Liability Company as it now authors on our records.)

(A Florida Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01/28/2022 and assigned Florida document number L22000050112

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ALVARADO CONSTRUCTION SERVICES LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC"

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

_, Florida _

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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| fective date, if other than the date in effective date is listed, the date must b | ate of filing: e specific and cannot be prior (| o date of filing or more | (option than 90 days after fil | al) ing.) Pursi | ant to 605.02 |
| ote: If the date inserted in this block | k does not meet the applica | ble statutory filing a | equirements, this d | ate will n | ot be listed |
| cument's effective date on the Dep | arunent of State's records. | | | | |
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| ecord specifies a delayed effective c is filed. | late, but not an effective tir | ne, at 12:01 a.m. on | the earlier of: (b) | The 90th | i day after ti |
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Filing Fee: \$25.00