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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	MS CONSTRUCTION EXPER	TS LLC	
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	GLORIA G. VALERIO CI	RUZ	
		Name of Person	
	THE PALMS CONSTRUC	CTION EXPERTS	
	<del></del>	Firm/Company	
	4585 PALM BEACH BLV	'D #51027	
		Address	
	FORT MYERS, FL 3905		
		City/State and Zip Code	
	Sales@thepalmsconstructio		
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please ca	all:	
GLORIA G. VALERIO CRUZ		470 417-6854 at ()	
Name	of Person	Area Code Daytime	· Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cory The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee c Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## THE PALMS CONSTRUCTION EXPERTS 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 Liability Compan	y were filed on $\frac{01/31/20}{1}$	222 and assigned
Florida document number L22000053235		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Enter new mailing address, if applicable:		2022 SE
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	AR E
		ATASY T
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	e address on our recor	ds, enter the name of the new registered,
New Registered Office Address:		
New Registered Villee Products.	Enter Florida st	reet address
	-	, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen		
I hereby accept the appointment as registered agent and as provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	te performance of my o s provided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is
if Ch	nanging Registered Agent, S	ignature 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

Title	<u>Name</u>	Address	Type of Action
MGR	ROSA B. BUSTOS	4585 PALM BEACH BLVD #51027	□Add
		FOT MYERS, FL 33994	<b>■</b> Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
		<del></del>	□Remove
			Change
			□ Add
			□Remove
			∏ Change

	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
`an effecti <del>Note:</del> If	date, if other than the date of filing:  (optional)  we 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record s d is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the .
oatedC	
	Signature of a member or authorized representative of a member
	Gloria Valeri U Typed or printed name of signee
	Typed or printed name of signee