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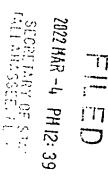
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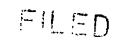


## **COVER LETTER**

			•					
SOUTO CO	SOUTO CONSTRUCTION SERVICES LLC							
	Name of Lim	ited Liability Company						
ed Articles of	Amendment and fee(s) are sub	mitted for filing.						
n all correspo	ndence concerning this matter	to the following:						
	SOUTO DE LA TORRE,	JOSE R.						
		Name of Person						
	SOUTO CONSTRUCTIO	N SERVICES LLC						
		Firm/Company						
2443 SW EMBERS TER  Address  CAPE CORAL. FL 33991								
							City/State and Zip Code	
						-	-	
info-mation a		•	otification)					
		an.						
E LA TORRE	, JOSE R.	305 8790785 at ( )						
Name o	f Person	Area Code Dayı	ime Telephone Number					
a check for th	ne following amount:							
Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					
		Street Address: Registration S	Section					
ivision of C	orporations	Division of C	orporations					
			Tallahassee roe Street, Suite 810					
	information c E LA TORRE Name o a check for th Filing Fee eigistration S ivision of CO. Box 632	Name of Lim  Ped Articles of Amendment and fee(s) are substant all correspondence concerning this matter  SOUTO DE LA TORRE.  SOUTO CONSTRUCTIO  2443 SW EMBERS TER  CAPE CORAL, FL 33991  soutoconstructionservices@  E-mail address: (information concerning this matter, please content of Person  a check for the following amount:  Filing Fee S30.00 Filing Fee &	SOUTO CONSTRUCTION SERVICES LLC  Name of Limited Liability Company  and Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  SOUTO DE LA TORRE, JOSE R.  Name of Person  SOUTO CONSTRUCTION SERVICES LLC  Firm/Company  2443 SW EMBERS TER  Address  CAPE CORAL, FL 33991  City/State and Zip Code  soutoconstructionservices@gmail.com  E-mail address: (to be used for future annual report in information concerning this matter, please call:  E LA TORRE, JOSE R.  Name of Person  a check for the following amount:  Filing Fee Soutoness Status  Certified Copy (additional copy is enclosed)  alling Address: egistration Section  Registration Section  Vivision of Corporations  Division of Corporations					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2022 MAR -4 PM 12: 39

SOUTO CONSTRUCTION SERVICES LLC

SECRETARY DE STAT (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 C	Company were filed on 02/04/2022	and assigned
Florida document number L22000061122	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. Marandia a the maintenant and a 17	4.07	
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	a office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
Now Project Office Address		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	Ciŋ	Zip Code

## 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 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
AMBR	SOUTO DE LA TORRE, JOSE R	2443 SW EMBERS TERCAPE CORAL, FL 33991	<b>\equiv A</b> dd
			□Remove
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ffectiv	e date, if other than the date of filing: (optional)
fan effed Note: I	tive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
locume	nt's effective date on the Department of State's records.
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is file	3.
, , 0	2/04/2022
Dated _	
	ortho
	Signature of a member or authorized representative of a member
	SOUTO DE LA TORRE, JOSE R
	Typed or printed name of signer

Filing Fee: \$25.00