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05	To:	Division of Fax Number	Corporations : (850)617-6383			
	ຸກິ≦ ມີ¥ີ ≤	Account Name : RC TAX SERVICE LLC Account Number : I20140000083 Phone : (407)932-0040 Fax Number : (407)520-5473 Enter the email address for this business entity to be used for future annual report mailings Enter only one email address places the				
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TO: Registration Section Division of Corporations D&V METRO CONTRACTORS LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

DANIEL HERNANDEZ L

Name of Person

Firm/Company

365 ARLINGTON CIR

Address

HAINES CITY, FL 33844

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🛢 \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

D&V METRO CONTRACTORS 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 Company were filed on 02/09/2022	_ and assigned
Florida document number L22000067610	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
H METRO CONTRACTOR LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre	viation "L.L.C."

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 Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as prov- being filed to merely reflect a change in the registered office ada	formance of my duties, and I am familiar with and idea for in Chapter 605, F.S. Or, if this document is
company has been notified in writing of this change.	x /

CO 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

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Title	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: ________________________________(optional) (If an effective 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the 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 record is filed.

Dated SEPTEMBER	24	2023		
		Heinandee		
	Signature of a member or authorized representative of a member			
	Daniel H	ornandez		
		Typed or printed name of signee	····	