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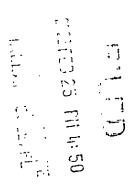
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COVER LETTER

TO:

Registration Section Division of Corporations

VIERACRUZ CONSTRUCT SOLUTIONS 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: ALLAN VIERA PEREZ Name of Person VIERACRUZ CONSTRUCT SOLUTIONS LLC Firm/Company 1415 ANDALUSIA BLVD Address CAPE CORAL / FLORIDA / 33909 City/State and Zip Code allanyp85(a)gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ALLAN VIERA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: **\$25.00** Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VIERACRUZ CONSTRUC					
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appear Liability Company)	rs on our records.)		_	
The Articles of Organization for this Limited Liability Compan Florida document number	y were filed on	02/14/2022		_ and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company he	ere:			
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the d	lesignation "LLC" or	the abbre	viation "L.	L.C."
Enter new principal offices address, if applicable:			7.5 		
Principal office address MUST BE A STREET ADDRESS)			-	1	
			<u></u>	<i>ردا</i> د۱	
			•	۱ ن	
Enter new mailing address, if applicable:			•	ī.: 	 اسر:
Mailing address MAY BE A POST OFFICE BOX)				₹. (Л	
				ت	
3. If amending the registered agent and/or registered office	address on our r	ecords, <u>enter the</u>	name o	of the nev	<u>v regis</u>
gent and/or the new registered office address here:					
Name of Name Day in conditions					
Name of New Registered Agent:				,	
New Registered Office Address:	<i>p</i> 13	-1		~	
	Enter Floi	rida street address			
	City	Floric		Zip Code	
	Cuj			$x,y \in Out$	

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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	ALLAN VIERA PEREZ	1415 ANDALUSIA BLVD CAPE CORAL FLORID.	Λ _ □Add
		33909	_ IRemove
			_ = Change
AMBR	BARBARA CRUZ GONZALEZ	1415 ANDALUSIA BLVD CAPE CORAL FLORID.	A □Add
		33909	∃Remove
			_ 🖬 Change
			□Add
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<u>lote:</u> If	date, if other than the date of five date is listed, the date must be specific the date inserted in this block does not seffective date on the Department of	of meet the applicable stat	(0) (0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ptional) ifter filing.) Pursuant to 605.020 this date will not be listed a
record s Lis filed	pecifies a delayed effective date, but	not an effective time, at 1	2:01 a.m. on the earlier of	(b) The 90th day after th
	Wednesday, February 23	2022		
ated	,	_ , ,		
Pated		of a member or authorized re	and the second s	

Filing Fee: \$25.00