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(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section

Division of Corporations

	ion 2022 LLC				
SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles o	f Amendment and fec(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Patrick Hutton				
		Name of Person			
	Construction 2022 llc				
		Firm/Company			
	1239 Stadler Dr				
		Address			
	Ft Myers Fl 33901		~?		
		City/State and Zip Code			
	pjhutton48@yahoo.com				
	E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please c	all:	- -		
patrick hutton		239 789.6220 at ()			
Name	of Person	Area Code Daytime Teleph	one 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 Address: Registration Section		Street Address: Registration Section			
Division of Corporations P.O. Box 6327		Division of Corporation The Centre of Tallaha			
Tallahassee,		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Construction 2022 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 2/22/2022 and assigned Florida document number L22000095915 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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

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.

City

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
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			□Remove
			Change
			□Add
			□Remove
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Consulting and Supervisory Services				
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tive date, if other than the date of filir fective date is listed, the date must be specific ar If the date inserted in this block does not nent's effective date on the Department of	nd cannot be prior to date meet the applicable st	of filing or more than 90 catutory filing requirement	_ (optional) lays after filing.) ents, this date v	Pursuant to 605 will not be liste
rd specifies a delayed effective date, but no iled.	ot an effective time, at	12:01 a.m. on the earli	er of: (b) The	90th day afte
JANDERY 20th	2023			