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FILED

2022 APR -8 AM 7: 31

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS APR 2 2 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: A +0	Z Quality Name of Link	CONSTRUCTI	on LLC
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	lence concerning this matter	to the following:	
	Manuel	Zuniga Name of Person	
	0 <i>W</i>	Ne C Firm/Company	
		34th 5t	
	Lauderdale	City/State and Zip Code	369
	Zuniga (E-mail address: (1	0802 @ gmail. C	itication)
For further information cor	acerning this matter, please ca	dl:	
Man Manue of 1	el Zuniga Person	at (<u>954)</u> <u>68</u> Area Code Daytim	7 2 4 7 7 ne 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 Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	rporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF 2022 APR -8 AM 7: 31

A to Z Quality Construc SEBRETARY OF STATE (Name of the Limited Liability Company as it now appears of our recipros S.E.E., FL (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03}{14}$ $\frac{14}{2022}$ and assigned
Florida document number 122000126822 .
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
, Florida
New Registered Agent's Signature, if changing Registered Agent:
Thereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with th

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
MGR	Manuel Zuniga	3541 NW 34th st Lunderdale Cakes FL	33309 EXUU
			Remove
			□ Change
			□Add
			□Remove
			☐ Change
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an eff <u>ote:</u>	ive date, if other than the date of filing: 04/5/2022 (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as lent's effective date on the Department of State's records.
ecor is fil	d 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 led.
ated	04/5/2022
	Mull and
	$\eta \omega c c c c c c c c c c c c c c c c c c $
	Signature of a member or authorized representative of a member Manuel Zuniga Typed or pripted name of signee