# h22000146031

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2022 APR 15 PH 12: 19
SECRETARY OF STATE
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### **COVER LETTER**

то:	Registration Se Division of Cor			# 2
cumer		AĞINE CONSTRUCTION LI	.c	•
SUBJE	C1:			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		MAYKEL CASTILLO M	ARINO	
		<del></del>	Name of Person	
		RIGHT IMAGINE CONS	TRUCTION LLC	
		<del></del>	Firm/Company	
		5818 LONDON CT		
			Address	
		GROVELAND, FLORIDA	A 34736	
		ELSAMORANR@GMAIL	City/State and Zip Code	
		<del>-</del>	to be used for fiture annual report notified	nion)
For furt	her information c	oncerning this matter, please ca	all:	
ELSA .	M. MORAN REY	ES	321 315-7020 at ()	
	Name o	f Person	Area Code Daytime T	elephone Number
Enclose	ed is a check for th	ne following amount:		
<b>≡</b> \$25	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S		Street Address: Registration Section	on

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

POR APR 15 PAIR: 19

CORD. SECRETARY OF STATE

CORD. SEC. F. C. F.

#### RIGHT IMAGINE CONSTRUCTION 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 3-25-2022	and assigned
Florida document number 1.22000146031		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
RIGHT IMAGE CONSTRUCTION LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company." the designation "LLC" or	the abbreviation "LLC."
Enter new principal offices address, if applicable:	5818 LONDON CT	
(Principal office address MUST BE A STREET ADDRESS)	GROVELAND, FLORIDA 34736	,
Enter new mailing address, if applicable:	SAME	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
Name Danish and LOSS and Addison		
New Registered Office Address:	Enter Florida street address	
	, Floric	la
	City . Florid	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
			□Remove
			□Change
	<del></del>		□Add
			□Remove
		#	Change
			□Add
			□Remove
			□Change
		****	□Add
			[]Remove
		·····	□ Change
	****		[] Add
		<del></del>	□Remove
			□Change
<del></del>			□Add
			□Remove

	AMENDING LIMITED LIABILITY COMPANY NAME
•	
	4-12-2022
(If an ef <u>Note:</u>	ive date, if other than the date of filing:
the reco	rd 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.
Dated	APRIL 12 2022
	Signature of authorized representative of a member
	ELSA M. MORAN REYES

Filing Fee: \$25.00

Typed or printed name of signee