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SECRETARY OF SECRE

COVER LETTER

at

Tallahassee, FL 32314

SUBJECT: GONZALEZ TIE REBAR, LLC.			
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:			
MARCO A. GONZALEZ SOTO			
Name of Person			
GONZALEZ TIE REBAR, LLC.			
Firm Company			
204 EAGLESMERE DR			
Address			
LEHIGH ACRES, FL 33936	2022 SEC		
City/State and Zip Code GONZALEZMG@ICLOUD.COM	SECRETION IT		
E-mail address: (to be used for future annual report notification)	₹ *		
For further information concerning this matter, please call: $\frac{\pi T}{\pi T}$			
MARCOS A. GONZALEZ SOTO 561 414-6462 173	⊈ cn		
Name of Person Area Code Daytime Telephone Number	~		
Enclosed is a check for the following amount:			
■ \$25.00 Filing Fee U\$30.00 Filing Fee & U\$55.00 Filing Fee & U\$60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	ne of Status & I Copy		
Mailing Address: Registration Section Street Address: Registration Section			
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ()F

GONZALEZ TIE REBAR, LLC.					
(Name of the Lin	ited Liability Comp (A Florida Limited	pany as it now appears (I Liability Company)	on our records.)		
The Articles of Organization for this Limited	Liability Compan	y were filed on 04/11	1/2022	and a	ssigned
Florida document number 1.22000171538	 ·				
This amendment is submitted to amend the fo	lowing:				
A. If amending name, enter the new name	o <u>f the limited lia</u>	bility company here	<u>:</u> :		
NONE					
he new name must be distinguishable and contain the	words "Limited Lial	oility Company," the desi	ignation "LLC" or th	e abbreviation "	L.L.C."
Enter new principal offices address, if appl	cable:	NONE			
Principal office address MUST BE A STRE	ET ADDRESS)		<u></u>		
				7A - F-0	
Enter new mailing address, if applicable:		NONE		SECRE	
Mailing address MAY BE A POST OFFICE	EROX)		·-	23	(charte
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 If amending the registered agent and/or gent and/or the new registered office addr 		address on our rec	ords, <u>enter the n</u>		
general and the new 32 sector (street dawn	ESS HETE			, 1	
Name of New Registered Agent:	NONE				
New Registered Office Address:					
		Enter Florid	a street address		
		City	, Florida	Zip Cod	

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>	<u>Address</u>	Type of Action
MGR	JULIO ANSONY GONZALEZ SO	204 EAGLESMERE DR	= Add
		LEHIGH ACRES, FL 33936	□Remove
			□Change
MGR	JULIO GONZALEZ CARACHEO	204 EAGLESMERE DR	= Add
		LEHIGH ACRES, FL 33936	□Remove
			Change
			□Add
			□Remove
			SECRETARY LANGUAGE
			7/22 TP
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			□Remove
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	11/09/2022				
fective date, if other than the date of fi an effective date is listed, the date must be specific	ling:	to date of filing or m	(option one than 90 days after	nal) filing.) Pursua	ant to 605.0
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ecord specifies a delayed effective date, but	not an effective tir	ne, at 12:01 a.m. o	on the earlier of: (b	The 90th	day after i
is filed.					·
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Filing Fee: \$25.00