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AUG 2 4 2022 S. PRATHER

### PRIMITIVO SANTILLAN GASPAR

9032 SW 33<sup>rd</sup> CT Ocala, Florida 34476

352-208-7229

#### **COVER LETTER**

TO: Registration Section

Division of Cor	porations		
	O CONSTRUCTION SERVIC	ES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Primitivo Santillan Gaspar		
		Name of Person	
	Primitivo Construction Ser	vices LLC	
		Firm/Company	
	9032 SW 33rd CT		
		Address	
	Ocala,FL 34476		
		City/State and Zip Code	
	primitivoconstructionservie		
For fourth or information of	en-mail address: (	to be used for future annual report not	meation)
Primitivo Santillan Gasp	ar	352 2087229 at ()	
Name o	l' Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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 Se	
Division of C P.O. Box 632		Division of Co The Centre of	
Tallahassee.			oe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF CHON SERVICES LLC

PRIMITIVO CONSTRUCTION SERVICES 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 I Florida document number 04/26/2022		led on 04/11/2022	and assigned
This amendment is submitted to amend the fol			
A. If amending name, enter the new name of	of the limited liability con	npany here:	
The new name must be distinguishable and contain the	words "Limited Liability Comp.	any," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
B. If amending the registered agent and/or agent and/or the new registered office address.		on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	Primitivo Santillan Gasp	эаг	
New Registered Office Address:	9032 SW 33rd CT		
		Enter Florida street address	
	Ocala	, Florid	la <sup>344</sup> 76
	Cive	•	Zin 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 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	Primitivo Santillan Gaspar	9032 SW 33RD CT Ocala, FL 34476	□ Add
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
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Filing Fee: \$25.00