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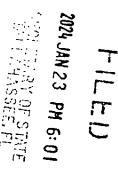
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COVER LETTER

TO:		tration Secton on of Corp			:	:
			Construction And Demolitic	on LLC		
SUBJE	CT: _		Name of Limi	ted Liability Company		_
			mendment and fee(s) are sub-			
Please r	eturn al	l correspon	dence concerning this matter	o the following:		
			David Modeste			
				Name of Person		
				Firm/Company		_
			307 Forrest Crest Court			
				Address		
			Ocoee, Florida 34761			
				City/State and Zip Code		
			breakthrougheandd@outloo	k.com o be used for future annual.	capact patifications	_
English from	h sa inta	-matian an	ncerning this matter, please co		report nouncation)	
			icerting this matter, please ea		. 2025	
David N	Modeste			at ()	4-2825 Daytime Telephone Nun	
		Name of	Person	Area Code	Daytime Telephone Nun	nber
Enclose	ed is a c	heck for the	following amount:			
□ \$25	5.00 Fili	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certif losed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
		ng Address stration So		<u>Street Ac</u> Registr	ddress: ation Section	
	_		rporations		n 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

Breakthrough Constructon and Demolition LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar	ny were filed on 04/26/2022	and assigned
Florida document number L22000197507		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Breakthrough Construction Innovations LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u>ş</u>
		<u> </u>
		ÇË X
Enter new mailing address, if applicable:		AHAYS O
Mailing address MAY BE A POST OFFICE BOX)		SS 3 M
Studing dudress SIAT DE ATOST OFFICE BOX		To S
B. If amending the registered agent and/or registered office	e address on our records, ente	r the name of the new registe
agent and/or the new registered affice address here:	e address on our records. ence	The famile of the field regime
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street addr	ess
		lorida
	City	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	
AMRD =	Authorized Member	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Remove
			□ Change
			□Add
			Remove
			☐Change
			□Add
			□Remove
			□Change
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an effective date is liste force: If the date inse	ner than the date of fi ed, the date must be specific rted in this block does no date on the Department of	and cannot be prior to da of meet the applicable	te of filing or more than statutory filing requir	(optional) 90 days after tiling.) Pursua ements, this date will no	int to 605.020 ot be listed a
record specifies a de l is filed.	layed effective date, but	not an effective time,	at 12:01 a.m. on the e	arlier of: (b) The 90th	day after the
ated		2024			
	Signature o	f a member or authorized	I representative of a mei	nber	

Filing Fee: \$25.00