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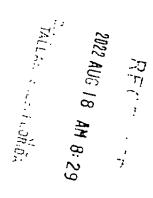
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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(Document Number)		
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COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: MG	Mona Constru Name of Limi	ctian LL C ted Liability Company	
The enclosed Articles of .	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter)	to the following:	
	M. G. Mora	Name of Person	
	MG Moran C	Pinn/Company	
	210 Batter	Ave Address	<u> </u>
	FUT. Waltan	Brill FL 3257 City/State and Zip Code	<u>'E</u>
	Moran Ma Q C E-mail Iddress: (1	ox. n e t to be used for future annual report notitical	tion)
For further information of	oncerning this matter, please co	all:	
M. G. Moran Name o	f Person	at $(\frac{850}{\text{Area Code}})$ $\frac{562 - 7}{\text{Daytime Te}}$	rlephone Number
Enclosed is a check for the	-	,	
S25.00 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 (Division of C P.O. Box 633	Section Corporations 27	Street Address: Registration Section Division of Corpo The Centre of Tall	rations lahassee
Tallahassee FL 32314		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 18 AM 8: 34

M & Moran 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 $\frac{5-9-2022}{}$ and assigned Florida document number <u>L22000217039</u> 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 New Registered Agent's Signature, if changing Registered Agent:

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

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>	Name	Address	Type of Action
AMBR	M.G. Moran	210 BAMER Are NW	
		Fr. Walter Beh, FL 3251	□Remove
			□Change
AR	timberly Muran	210 Batter Ave NW	
	FIT Walter Boh, FL 3258	2 Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
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f an eff Note:	ve date, if other than the date of filing:
e recor ed is ti	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 ed.
Dated	8-18-2022
	8-18-2022 M1 Munitian of a member of authorized representative of a member
	1/
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00