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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	Estate & Construc	tion, LLC
Name of Limite	ed Liability Company	
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence concerning this matter to	o the following:	
1-16	idy Olea	
	Name of Person	
The Olea Grow	Name of Person Plan Estate Firm/Company	& Construction
	Firm/Company	
1305 NW	11th Terrace	
	Address	
\hat{C}	ape coral 12	33993
.1 .	City/State and Zip Code	
Heidy Olla E-mail address: (to	Address Apr Coval fr City/State and Zip Code Realton G Gma be used for future annual report notification)	1. Com
For further information concerning this matter, please cal	l: at (\frac{\partial 34}{\partial Area Code}) \frac{318 - 46}{\partial Daytime Telepho}	
1/2-14 6/26	236 218-111	
fide Olea	at () J10 4 G	one Number 11
Name of Ferson	Mea Code Daytine Pelepin	one Number 12 5
		5.57
Enclosed is a check for the following amount:		
S \$25.00 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:	Street Address:	
Registration Section Division of Corporations	Registration Section Division of Corporation	inc
P.O. Box 6327	The Centre of Tallahas	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company (A Florida Limited Lia		3 Construction, LLC
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on	2 dd and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty 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)		
		11-
		PH 12:
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	·	
B. If amending the registered agent and/or registered office adeagent and/or the new registered office address here:	dress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	ddress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peacept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my dutic ovided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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
Officer Directo	· Heidy olea	1305 NW 11th terrace Cape coral FL 3399	[I /Add
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			Change
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			Change
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Effective date, if other the fan effective date is listed, the Mote: If the date inserted document's effective date	e date must be spec in this block doe	cific and cann es not meet t	the applicable	late of filing or me e statutory filin	ore than 90 day	(optional) s after filing.) s, this date v	Pursuant to 605 will not be liste	.0207 (3) ed as the
e record specifies a delaye rd is filed.	d effective date.	but not an e	ffective time	, at 12:01 a.m.	on the earlier	of: (b) The	90th day after	r the
DatedJuly_	5th	 : -	2093					
, in the second		Al	dr	ed representative				
<u></u>	Sionati	ire of a mëmi	oer or authoriz	ed representative	of a member			