# L220002109857

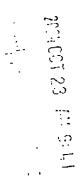
(Requestor's Name)
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(Document Number)
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### , COVER LETTER

Registration Section Division of Corporations

TO:

CEDRAI SUBJECT:	L CONSTRUCTION & SERVI	CES LLC	
	Name of Li	mited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	MARINA CANAS		
		Name of Person	<del></del>
		Firm/Company	
		Address	
	. 20		
	2024 OCT 23		
	E-mail address:	(to be used for future annual report notif	fication)
or further information	concerning this matter, please of	all:	
MARINA CANAS		786 403 8101	<u>a</u>
Name	of Person	Area Code Daytime	: Telephone Number
nclosed is a check for	the following amount:		
■ \$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 Addre Registration Division of O P.O. Box 633 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	orations allahassee Street, Suite 810

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CEDRAL CONSTRUCTION & SERVICES LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number <u>L22000269857</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:

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.

City

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	EDDY MARIGEL MORALES	9803 AMBER CHESTNUT WAY	□Add
		WINTER GARDEN, FL 34787	■Remove
			□Change
			□Add
			□ Remove
			□Change
			□Remove
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e: If the date inserted in this blo	ck does not meet the applicable	e statutory filing require	ments, this date will n	ot be listed
ument's effective date on the De	partment of State's records.			
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record specifies a delayed he 90th day after the reco	-ептестіve date, but not a ord is filed.	n effective time, at	12:01 a.m. on th	ne earlier
•				
	2024			
October 10	2024			
October 10	,			
	Signature of a member or authorize			