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(Requestor's Name)	_
(Address)	_
(Address)	_
(Address)	
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Business Links) Name)	
	_
(Document Number)	
Certified Copies Certificates of Status	_
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Special Instructions to Filing Officer:	1
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Office Use Only

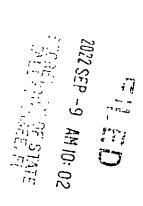


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2027 SEP -9 AH 9: 44

A. BUTLER SEP - 9 2022



COVER LETTER

TO:

	gistration Se ision of Cor					
SUBJECT:	Lachi Cons	truction LLC		de e		
SUBJECT.	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
		indence concerning this matter	· ·			
		Lazaro Rodriguez Manzan	e			
			Name of Person	 		
		Lachi Construction LLC				
			Firm/Company			
		8803 Rockshire Ct				
			Address	·		
		Tampa, Florida 33634				
			City/State and Zip Code			
		lachi4510@gmail.com				
		E-mail address: (to be used for future annual report no	tification)		
For further is	nformation c	oncerning this matter, please co	all;			
Lazaro Rodi	iguez Manza	ane	813 7302462 at ()_			
	Name o	f Person	Arca Code Dayti	me Telephone Number		
Enclosed is a	a check for th	ne following amount:				
≡ \$25.00 I	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 Section		Street Address: Registration S	ection			
		orporations	Division of Co			
P.0	D. Box 632	7	The Centre of	Tallahassee		
Tal	llahassee, I	FL 32314	2415 N. Monr	oe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

Lachi Construction LLC

2022 SEP -9 AM 10: 02

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	Liability Company)	S on our records.)	Y OF STATE
	T1	TALLAH)	ASSEE, FI
The Articles of Organization for this Limited Liability Company	y were filed on	y 06,2022	and assigned
Florida document number L22000301615			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company ho	e <u>re</u> :	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the d	esignation "LLC" o	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)			<u></u>
		<u>.</u>	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our r	ecords, <u>enter th</u>	e name of the new regist
Name of New Registered Agent:			
	 -		
New Registered Office Address:	Entar Elos	ida street address	
	Emer Fior	na meet aanten	
		, Flori	daZip Code
New Registered Agent's Signature, if changing Registered Agent:	*		гір Соае

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
AMBR	Lazaro Rodriguez Manzane	8803 Rockshire Ct, Tampa, Florida 33634	■Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
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			□Change
			□ Add
			□Remove
			□ Change

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If an e <u>Note</u>	tive date, if other than the date of filing:
rd is i	
Date	1 09/09 /2022 Add
	Signature of a member or authorized representative of a member
	Signature of a memory of authorized representative of a member

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Filing Fee: \$25.00