L22000331428

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: MEA ManSonry LCC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jorge Montalvan Name of Person
M&A Manjonry LLC Firm/Company
2469 NW 35th St Apt B
MIAMI FL 33142 City/State and Zip Code Trmm 2002 (a gmail: Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jorge Montal Van at 305 9107 - 0316. Name of Person at 305 Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:

Registration Section
Division 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

M&A Mansonry LL	<u>^</u>
(Name of the Limited Liability Company as il now appears (A Florida Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company were filed on The Florida document number L22000331428	27 22 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the des	signation "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 M.4Y BE A POST OFFICE BOX)	
	vi
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	cords, enter the name of the new registered
Name of New Registered Agent:	<u></u>
New Registered Office Address: Enter Florid	la street address
	, Florida
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 Changing Registered Agent, Signature of New Registered Agent

If amendin 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

Title	<u>Name</u>		Address	Type of Action
MBIZ	Jorge	Montalvan	2469 NW 35th St. AF Miami, Fl 33142	'+·B _⊠Add
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effective date is t : If the date ir	other than the content of the date must inserted in this blower date on the Dep	be specific and ca ck does not me	annot be prior to et the applicab	date of filing or de statutory fil	more than 90 cing requirem	_ (optional) lays after tiling ents, this date	.) Pursuant to 605,020 will not be listed a
	delayed effective	date, but not a	n effective tim	e, at 12:01 a.n	i, on the earli	er of: (b) TI	ie 90th day after the
filed.	- 11 1	n.th					
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