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(City	//State/Zip/Phone #	)
PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates o	f Status
Special Instructions to F	-	
	AUG 17 2022	i.

Office Use Only



2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243	
PLEASE use funds from ACCT: I2021000016 Authorization Signature:  NEW WAY BUSINESS CONSTRUCTION LL Business Docu	
Walk in Mail out	Pick up time Will wait
Photocopy Certified Copy (s) of Articles of Incorpora Certificate of Status	tion
Profit  Not for Profit Limited Liability Domestication Other CORP	AMMENDMENTS  _X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionArticles of Conversion
OTHER FILINGS Annual ReportFictitious NameAPOSTIL ( )	REGISTRATION/QUALIFICATIONS  Foreign filing Limited Partnership Reinstatement Other
Country	

FLORIDA CAPITAL COURIER SERVICES, INC.

EXAMINER'S INITIALS:\_\_\_\_\_

TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243 PLEASE use funds from ACCT; I202,10000160 AMOUNT: \_\_\_\$.25.00 Authorization Signature: and 6 NEW WAY BUSINESS CONSTRUCTION LLC L22000351251 Business Document # Pick up time Walk in Will wait Mail out Photocopy Certified Copy (s) of Articles of Incorporation Certificate of Status <u>AMMENDMENTS</u> **NEW FILINGS** X Amendment Profit Resignation of R.A. Officer/Director Not for Profit \_\_\_Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other \_\_\_ Conversion CORP Articles of Conversion REGISTRATION/QUALIFICATIONS **OTHER FILINGS** Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name Other \_\_\_ APOSTIL ( )\_ Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

EXAMINER'S INITIALS:\_\_\_\_

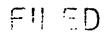
## **COVER LETTER**

	Registration S Division of Co			
SUBJECT	NEW WA	Y BUSINESS CONSTRUCT	ION LLC	
SUBJEC	·	Name of Lir	nited Liability Company	
The enclo	sed Anicles of	Amendment and fee(s) are sul	bmitted for filing.	
Please reti	um all correspo	ondence concerning this matter	r to the following:	
		SAMUEL DUTRA JUNIO	OR	
			Name of Person	
		NEW WAY BUSINESS	CONSTRUCTION LLC	
		<u>-</u>	Firm/Company	
		2909 CONWAY DR		
			Address	
		ORLANDO		
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	tification)
For further	information c	oncerning this matter, please c	all:	
ANA DES	SA	_	407 421 5251 at ( )	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is	a check for th	e following amount:		
፟ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

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



2022 AUG 16 AH 8: 53

**NEW WAY BUSINESS CONSTRUCTION LLC** 

SECRETARY OF STA (Name of the Limited Liability Company as it now appears on our records.) ALL ARABOLL. II. (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/09/2022 \_\_\_\_\_ and assigned Florida document number L22000351251 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." 2909 CONWAY DR Enter new principal offices address, if applicable: TITUSVILLE FL 32796 (Principal office address MUST BE A STREET ADDRESS) 2909 CONWAY DR Enter new mailing address, if applicable: TITUSVILLE FL 32796 (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

, Florida \_\_

Q<sub>A</sub>

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 ALTAMIR CESAR DUTRA	ALTAMIR CESAR DUTRA	2909 CONWAY DR	
	TITUSVILLE FL 32796	□Remove	
	<del></del>	☐ Change	
		<del></del>	🗆 Add
			□Remove
			Change
			DAdd
			□Remove
			□Change
			□Add
	4	□ Rепюч <del>с</del>	
			Change
<u> </u>			bbA
		□Remove	
		□Change	
			□Add
			□Remove

II amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
lf an effect <u>Note:</u> If	date, if other than the date of filing:  (optional)  ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the effective date on the Department of State's records.
	- Daniel Colo de tile Department et ette di 1900 au.
record :	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated A	Signature of a member or authorized representative of a member
	SANUEL DUNG JUNION
	Signature of a member or authorized representative of a member
	SAMUEL DUTRA JUNIOR
	Typed or printed name of signee

Filing Fee: \$25.00