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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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COVER LETTER

TO:

Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SOFLO HA	ANDY PRO		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	David Ghobrial		
		Name of Person	
		Firm/Company	
	2328 Middleton Ave		
		Address	
	Winter Park, FL 32792		
		City/State and Zip Code	
	david.ghobrial@yahoo.com E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
David Ghobrial		407 227-3045	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Cor	porations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ted Liability Comps (A Florida Limited	any as it now a Liability Comp	ppears on our re- any)	cords.)		
he Articles of Organization for this Limited L lorida document number L22000355556	iability Company	were filed o	n <u>08/12/2022</u>		and	assigned
his amendment is submitted to amend the following	owing:					
. If amending name, enter the new name o	f the limited liab	ility compa	ny here:			
readeus Construction LC						
ne new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company,	`the designation "	LLC" or the abbi		"L.L.C."
nter new principal offices address, if applic	ahle	N/A			174 Å	स्टानुस्त्
• •					- 	- }
Principal office address MUST BE A STREE	I ADDKESS)		<u></u>		-8-	j
						3 E B
				· ,	<u> </u>	
nter new mailing address, if applicable:		N/A			<u></u>	
Mailing address MAY BE A POST OFFICE	BOX)					
		•	•			
. If amending the registered agent and/or registered office addre		address on o	our records, <u>en</u>	iter the name	of the	new regis
Name of New Registered Agent:	N/A				·	
New Registered Office Address:	N/A					
		Ente	er Florida street ad	ldress		
	N/A			, Florida <u>N/A</u>		
		City	·	,	Zip Ce	xle

New Registered Agent's Signature, if changing Registered Agent:

SOFLO HANDY PRO, LLC

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 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

Title '	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□ Remove
			□Change
		.	□Add
			□Remove
			Change
			□ Add
			□Remove
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			□Add
			□ Remove
			□Change
			□Add
			Remove

If an effective 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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The effective date are delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the red is filed.					
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