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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<u> </u>
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COVER LETTER

TO: Registration Sect Division of Corpo			
SUBJECT: All	polution Construc	tion LLC	
Substicer.	Name of Limi	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	83	uardo Lopez	
			1 110
	<u> </u>	Solution Constru	uction LLC
	1315 Hampton	Address	2022 DEC SECRET
			- <u>-</u> - C
	North Lauderd	city/State and Zip Code	. 8
	adla v.º 83 @	ormail com	in the second se
	E-mail address: (t	gmail. Com	cation)
For further information co	ncerning this matter, please ca	all:	$_{m}$ ω
Educado	0000		3123
Name of	Person	at (<u>786</u>) <u>663-</u> Area Code Daytime	Telephone Number
Enclosed 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)
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	tion
Division of Co	orporations	Division of Corp	porations
P.O. Box 6327 Tallahassee, F		The Centre of Ta	allahassee : Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/28/2022 and assigned Florida document number <u>L2</u>2000 464560 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: Daniela Percz

1315 Hampton Blud

Enter Florida street address

North Lauderdale Florida 33068

City Zip Code Name of New Registered Agent: New Registered Office 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.

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

Title	<u>Name</u>	Address	Type of Action
	Mireya Rodrigue	1315 Hampton blud Nort Lauderdal	e FL 33068 _⊠Ádd
			□Remove
			□Change
MGR	Eduardo Lopez	1315 Hampton blvd North Lauderdale FL	33068 _ BÁdd
			□Remove
		□Change	
***			□Add
		SECRETA	Change Change PHAdd
		Change	
	्रिक् जिल्हा	ਤ ਪੁ □Remove	
			□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

. If amending any other information, enter change(s) here: (Attach addition	onai sneeis, ij necessa	ry:)	_
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			_
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or n Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	(optiona nore than 90 days after filing requirements, this da	l) ng.) Pursuant to 6 te will not be l	505.0207 (3)(t isted as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. ecord is filed.	on the earlier of: (b)	The 90th day a	fter the
Dated 12 /01 /2022			
Signature of a mointer of authorized representative	e of a member	<u> </u>	
Eduardo Lopez			

Filing Fee: \$25.00