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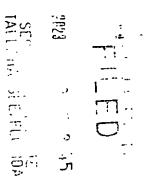
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO:	Registration S Division of Co	rporations	
SUBJI	CT.	Villa Lo bos	Construction CLC
SUBJI	.C1;	Name of Lim	ited Liability Company
1114	-1	S A 4 G. ()	Tu. 1.C. (C)
The en	ciosed Afficies of	Amendment and fee(s) are sub	mitted for filing.
Please	return all corresp	ondence concerning this matter	to the following:
		Vero	Name of Person
			s Construction UC
			Firm/Company
		1803 Hu	dson Dr.
			Address
		Kissimm	iee, Florida 34759
		Uilla lok E-mail address: (i	City/State and Zip Code City/State and Zip Code Code
For fur	ther information c	vangamina this muttan mlaasa a	.11.
		Ca Vega	at (504) 266 - 9523 F. Area Code Daytime Telephone Number A
	Name o	of Person	
Enclose	ed is a check for t	he following amount:	
DZ \$2:	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ☐ Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, ☐ Certified Copy (additional copy is enclosed)
	Mailing Addres		Street Address:
	Registration : Division of C		Registration Section Division of Corporations
	P.O. Box 632		The Centre of Tallahassee
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Villa lobos Construction LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

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 "						
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)	-					
	-					
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						
, 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 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

Type of Action Title Name Address 1803 Hudson Dr. Kissimmee fl 1GR/DWNEr Veronica Vega □Remove □ Change ELi Villalobos 1803 Hudson Dr. Kissimmee PC DADD □Remove **E**Change Remove □ Change ₽Vdd Remove □ Change Addب Remove □Change □Add □Remove _ Change

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	Signature of a men	iber or authorized re	presentative of a m	ember		

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