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COVER LETTER

TO:

Registration Section

Division of Cor	porations							
SUBJECT:	A&E CONSTRUC	TION & RESTORATION LLC						
		ited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
	ABRAHA	M VALENTIN, Authorized Person	1	_				
		Name of Person						
	A&E CONST	RUCTION & RESTORATION LI	LC	_				
		Firm/Company						
		3219 44TH ST SW.						
Address				3.4.5	2			
		THE LACRES EL 2207/			T			
	Ln	CHIGH ACRES, FL 33976 City/State and Zip Code	-	79.52 30.5350 30.05 20.05 30.5350 30.05 70.53 10.10.10.10.15				
	а	econstruct22@gmail.com		- 시국 - : 유 - I	_e m			
		to be used for future annual report notific	ation)	1, C) V	; 0			
For further information c	oncerning this matter, please c	all:			٠ ک			
Abrahan	Valentin	at (239) 222-0274						
Name o	f Person	Area Code Daytime T	Telephone Number	<u> </u>				
Enclosed is a check for the	he following amount:							
☎ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status				
Mailing Address		Street Address:	ion					
Registration : Division of C		Registration Section Division of Corporations						
P.O. Box 632	27	The Centre of Tal	llahassee	110				
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 8	SIU				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&E CONSTRUCTION & RESTORATION LLC

(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 Compa	any were filed on	11/15/2022	<u>ों च</u> े and assigned
Florida document number			Pand assigned
This amendment is submitted to amend the following:			THE W
A. If amending name, enter the new name of the limited l	liability company her	<u>re</u> :	
A&E BU	ILDS LLC		
The new name must be distinguishable and contain the words "Limited L	iability Company," the de-	signation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	2		
		. <u></u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi	ico addroce on our ro	cords antar tha r	iame of the new registers
agent and/or the new registered office address here:	ice address on our rec	torus, <u>enter the r</u>	anic of the new registers
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
		Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and			
provisions of all statutes relative to the proper and compa accept the obligations of my position as registered agent			

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

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