L22000520130

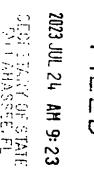
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COVER LETTER

TO:	Registration Se Division of Cor					
cunt		: Contracting LLC				
Name of Limited Liability Company						
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		Stephanie Goebel				
		· · · -	Name of Person			
		ZenBusiness Inc.				
			Firm/Company			
		5511 Parkcrest Drive, Ste.	103			
			Address			
		Austin, TX 78731				
			City/State and Zip Code			
		fulfillment@zenbusiness.co				
		E-mail address: (to be used for future annual report notifi	cation)		
For fu	rther information co	oncerning this matter, please ca	all:			
Stephanie Goebel c/o ZenBusiness Inc. 844 493-6249						
	Name of	f Person	Area Code Daytime	Telephone Number		
Enclos	sed is a check for th	e following amount:				
\$2	5.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Nome of the Limited Linbility C	omneny as it now appears on our re-	cords)
(A Florida Lin	ompany as it now appears on our re nited Liability Company)	<u>(0103.</u>)
The Articles of Organization for this Limited Liability Comp	pany were filed on 12/12/2022	and assigned
lorida document number 1.22000520130		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	"LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u> </u>	
		<u> </u>
		2023 JUL SECONE TANKA
inter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		ジ25 年 1 →
		SET A
		9: 2 STA STA FI
3. If amending the registered agent and/or registere		ords, enter the name of the
egistered agent and/or the new registered office address	<u>s here</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Richard Alba Moore		🗖 Add
			□ Remove
		515 Leffingwell Avenue, Unit 214 Ellenton, F1, 34222	
AMBR	Cyrus Alba Moore	515 Leffingwell Avenue, Unit 214 Ellenton, F1, 34222	⊟ Add
			☐ Remove
			Change
			☐ Remove
			Change
		 	Add
			Remove
			Change
<u>.</u>			□ Add
			□ Remove
			☐ Change
<u>.</u>			Add
			□ Remove
			Change

D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
W-19-Mart		
Note: If the date inserted in the	the date of filing:	oursuant to 605.0207 (3)
f the record specifies a del b) The 90th day after the	ayed effective date, but not an effective time, at 12:01 a.m. or record is filed.	n the earlier of:
Dated July 15		
/s/ Richard Alba I		
	Signature of a member or authorized representative of a member	
Richard Alba Moo	re	
-	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00