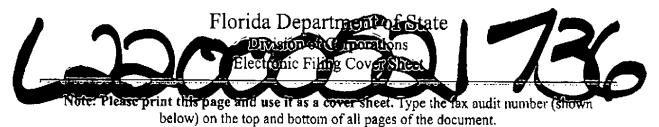
Division of Corporations



(((H23000193873 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ASSURED ACCOUNTING AND TAX SERVICES

Account Number : I20180000048

Phone : (954)793-0353 Fax Number

: (954)944-3163

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email	Address:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J.C MASTER CONSTRUCTION LLC

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T. LEMIEUX

MAY 3 0 2023

## ARTICLES OF AMENDMENT OT. ARTICLES OF ORGANIZATION

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	(	)F	ir <sup>1</sup>	(((H23000193873 3))
J.C MAS (Name of the Lim	TER CONST	RUCTION LL ( any as it now appears of Liability Company)	n our records.)	
The Articles of Organization for this Limited I		were filed on <u>12</u>	/13/2022	and assigned
Florida document number <u>L2200052173</u>	<u>.6</u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here	:	
		····		
The new name must be distinguishable and contain the	words "Limited Liabi	fily Company," the desig	gnation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli-	cable:	7301 WILLIA	AMS RD	
(Principal office address MUST BE A STREE	ET ADDRESS)	SEFFNER, F	L 33584	
				<del></del>
		## A A 1 1 1 1 1 7 7 7 7		·
Enter new mailing address, if applicable:		7301 WILLIA		
(Mailing address MAY BE A POST OFFICE	<u>'BOX)</u>	SEFFNER, F	L 33584	
B. If amending the registered agent and/or	registered office :	address on our reco	rds, <u>enter the nan</u>	ne of the new registered
agent and/or the new registered office addre	as here:			
Name of New Registered Agent:	TARIF	K.E. SOUZA		
New Registered Office Address:		<u> </u>	<u> </u>	
New New Year of Office Address:	_/ <u>301 WIL</u>	LIAMS RD  Enter Florida	street address	
	SEFFNEI	₹	, Florida	33584
		City	, Fiorida	Zip Code
New Registered Agent's Signature, If changing	Registered Agent:			C*1 -
I hereby accept the appointment as registere provisions of all statutes relative to the prop accept the obligations of my position as regi being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my provided for in Cha	duties, and I am j pier 605. F.S. Or.	familiar with and if this document is
		X_		
	Tar	ik Elias Guimararaes de	Souza (May 25, 2023 :	14:46 EDT)

(((H23000193873 3)))

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:

	Manager - Authorized Member		(((H23000193873 3)))
Title	<u>Name</u>	Address	Type of Action
<u>MGR</u>	LOURENDIR M. FEIJO	14401 Hanging Moss Cir Apt 202	□Add
		TAMPA, FL 33613	D∎Remove
			□Change
<u>MGR</u>	J <u>ORGE A, NASCIMENTO</u> JR	14401 Hanging Moss Cir Apt 202	□Add ·
		<u>Tampa</u> , FL 33613	DIRemove
			©Change
MGR	Juliana Amaral de Sousa Guimaraes	7301 Williams Rd	XIAdd
	·	Seffner, FL 33584	□Remove
			©Change
MGR	TARIK E. SOUZA	7301 Williams Rd.	□Add
		Seffner, FL 33584	□ Remove
	·		(MChange
			DAdd
			□Remove
			□Change
			DAdd
	·		□Remove (((H23000193873 3))) □Change

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effective date is list	ted, the date must be speci	ific and cannot be	prior to date of fili	no or more then 0	B dave after fili	en I Directions in 604 000
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<sub>.d</sub> May 25,	2023	,				
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	Tarik Elias Guima	iraraes de Souza (	May 25, 2023 14:46	EDT)		
	0.		authorized represe	ntative of a mem	oer	
	Signaturi	e of a member or .	demonated represe			
	Signaturi		E. SOUZA			