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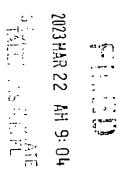
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

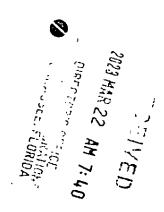
Office Use Only



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COVER LETTER

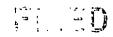
TO: Registration Section Division of Corporations
SUBJECT: CNESTA Mechanizal LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
ONESTA MECHANICAL U.C.
4-131- SN. 15+ P/-
City/Stale and Zip Code City/Stale and Zip Code CheSta Mechanical administration E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{\text{Name of Person}}{\text{Name of Person}} = \frac{380 - 0062}{\text{Area Code}} = \frac{380 - 0062}{\text{Daytime Telephone Number}}$
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sand Filing Fee Solution Fee

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



ONTSTA MECHANIA	CALLLC.	2023 HAR 22 AH 9: 04
(Name of the Limited Liability C (A Florida Lin	company as it now appears on our renited Liability Company)	ecords.) SED SAIE
·		TALLY ASSESTED
The Articles of Organization for this Limited Liability Com	pany were filed on $\frac{0.4}{0.00}$	$\frac{30005}{3000}$ and assigned
(Name of the Limited Liability Conference of Organization for this Limited Liability Com	-6	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u></u>	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, e	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street o	uddress
	<i>(</i> 2).	_, Florida Zip Code
	City	z.p 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 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
MOR	MINH NÃO	4131-SW15+PL.	⊠∧dd
		4131_SW15+ PL. Cape Cival + FL 33914	□Remove
			□Change
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			Change

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	(optional) nys after filing.) Pursuant to 605.0207 nts. this date will not be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie l is filed.	r of: (b) The 90th day after the
$\frac{03/2-4}{2623}$	
Signature of a member or authorized representative of a member	
Signature of afficement, organizative of a memoer	