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Certified Copies	_ Certificates	of Status
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01/27/23--01009--001 ++25.00

3/28/23 V.L.



COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	JCTEX FL LLC		
SUBJECT:	Name of Lim	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:	
	JIMMY I QUINTERO		
		Name of Person	
		Firm/Company	
	4524 FREEDOM RD		
		Address	
	KISSIMMEE FL 34746		
		City/State and Zip Code	
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
JIMMY I QUINTERO		407 738-2189 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 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 Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632	7	The Centre of 1	`allahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONTRUCTEX FL LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L23000025125	y Company were filed on 01/11/2023	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
CONSTRUCTEX FL LLC		
The new name must be distinguishable and contain the words "I Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADdress must be applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registe agent and/or the new registered office address here	red office address on our records, enter the n	FILED 2023 JAN 27 AM 9: 47 SEGRE ARY OF STATE TALL AHASSEE. FL
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 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	Membe

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

ective date, if other than the date of filing: 01/11/2023 (optional) reflective date is issed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 E. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed rument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed. Signature of member or authorized representative of a member.				
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Filing Fee: \$25.00