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Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration S Division of Co			
BAROS C	ONTRACTORS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are suit	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JHONATAN ROMERO S	SOLORZANO	2023 N SECR TAN
		Name of Person	2023 HOV 21 SECRETARY TALLAND
		Firm/Company	
	1210 LA FORTUNA BLV	/D	TALE S
		Address	
	KISSIMME, FL 34744		
	JHONATANROME86@G	City/State and Zip Code MAIL.COM	
For further information (E-mail address: (concerning this matter, please of	to be used for future annual report not all:	ification)
JHONATHAN ROMER	O SOLORZANO	689 2425164 at ()	
Name o	of Person		ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration Se	ection
Division of C P.O. Box 632	Corporations	Division of Co	rporations
Tallahassee,		The Centre of 2415 N. Monro	Fallahassee Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAROS CONTRACTORS LLC		
(<u>Name of the Limited Liability (</u> (A Florida Lii	Company as it new appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 02/07/2023	and assigned
Florida document number L23000069237		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
		
	<u> </u>	023 ED1
Inter new mailing address, if applicable:		023 HOV
Mailing address MAY BE A POST OFFICE BOX)	<u>-</u>	
	/) 12	9 = 71
 If amending the registered agent and/or registered of gent and/or the new registered office address here: 	ריי fice address on our records, <u>enter tha</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	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 Member

<u>Title</u>	Name	Address	Type of Action
AMBR	ANA M RICO MALDONADO	1982 EXCALIBUR DRIVE	
		ORLANDO, FL 32822	□Rетюче
			Change
			□Add
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		-	☐ ☐ Change
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