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COVER LETTER

TO:

TO: Registration Se Division of Co			
	NSTRUCTION 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:	
	IGNACIO DEL BARRIO		
		Name of Person	
	NCH8 CONSTRUCTION	LLC	
		Firm/Company	
	3003 40TH ST W		
		Address	
	LEHIGH ACRES, FL 339	71	
		City/State and Zip Code	
	NCH8CONSTRUCTION@		
	E-mail address: (to be used for future annual report noti	ification)
For further information of	concerning this matter, please co	all:	
IGNACIO DEL BARRI	o	239 9405162 at ()	
Name o	f Person	Area Code Daytim	e 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 Address		Street Address:	ation
Registration : Division of C		Registration Se Division of Cor	
P.O. Box 632	•	The Centre of T	-
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VCUR	CONSTRUCTION LL	٠.
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(Name of the Lin	nited Liability Company as it now app (A Florida Limited Liability Compan	ocars on our records.) y)		
The Articles of Organization for this Limited Liability Company were filed on 02/13/2023 Florida document number L23000077332			and assigned	
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liability company	here:		
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "I.I.C" or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applicable:			` 	
(Principal office address MUST BE A STREET ADDRESS)			- 57	
			3	
		-	?	
Enter new mailing address, if applicable:			· ·	
Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>	
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office address on our	records, <u>enter the name of th</u>	e new register	
Name of New Registered Agent:	IGNACIO DEL BARRIO			
New Registered Office Address:	3003 40TH ST W			
	Enter F	lorida street address	<u></u>	
	LEHIGH ACRES	Florida 33971		

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	<u>Address</u>	Type of Action
AMBR	MAKAYLA ESQUILIN	3003 40TH ST W	
		LEHIGH ACRES FL 33971	≣Remove
			□Change
			□Add
			□ Remove
			Change
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	(17/03/2024			
E. Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	the date of filing: _ must be specific and can block does not meet	not be prior to date the applicable sta	of filing or more than 90 d atutory filing requireme	_ (optional) ays after filing.) Pursuant to 6 ints, this date will not be li	05.0207 (3)(b sted as the
If the record specifies a delayed effer record is filed.	ctive date, but not an	effective time, at	12:01 a.m. on the earlie	er of: (b) The 90th day af	ter the
Dated	3	RD .			
	(m))110 0				
<u>,</u>	MUMON	\supset	presentative of a member		

Typed or printed name of signee