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## **COVER LETTER**

TO: Registration 8 Division of Co			
COLUMN TO COME	RUCTONIK. LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JUAN MANUEL MUNO	Z R	
		Name of Person	
	CONSRTRUCTONIK, L.	I.C	
		Firm/Company	
	2321 LAGUNA CIR API	302	
		Address	
	NORTH MIAMI, FLORII	DA, 33181	
		City/State and Zip Code	
	JUAN@CONSTRUCTON	IK.COM to be used for future annual report notific	·····
For further information of	concerning this matter, please c		cation)
JUAN MANUEL MUN	OZ R	202 6213865	
Name c	of Person	at () Area Code Daytime	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 Registration		Street Address: Registration Sect	ion <sub>.</sub>

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

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

CONSRTRUCTONIK, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Li	Company as it now appears on o mited Liability Company)	er records.)
The Articles of Organization for this Limited Liability Con- Florida document number $\frac{1.23000079060}{1.00000000000000000000000000000000000$	npany were filed on FEBRUA	ARY 13TH, 2023 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
CONSTRUCTONIK, LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MΔ	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	35 Z3 Z
_	4.7.	-I AM
Enter new mailing address, if applicable:	N/A	(rr)
(Mailing address MAY BE A POST OFFICE BOX)	<del></del> -	STATE 51
		<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	s, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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 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:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□Remove
			Change
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Tective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	does not meet the appli-	cable statutory filing r	(optional) e than 90 days after filing.) requirements, this date	Pursuant to 605.02 will not be listed
record specifies a delayed effective da is filed.	te, but not an effective	lime, at 12:01 a.m. on	the earlier of: (b) The	: 90th day after th
FEBRUARY 24TH	2023			
FEBRUARY 24TH	· 2023	·		
ned FEBRUARY 24TH	2023			
	2023	orized representative of	a member	

Filing Fee: \$25.00