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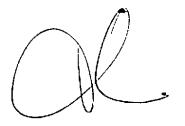


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COVER LETTER

TO: Registration So Division of Con				
SUBJECT: 178	L CONSTRUCTION Name of Lin	1 AM Pevelo, nited Liability Company	pment LLC	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
For further information co	Hool E Reg Tangu /Fl Hlandtuction E-mail address: (proceeding this matter, please of	Firm/Company Firm/Company Address 133604 City/State and Zip Code 1-(01+1/21-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	2023 DEC - 1 PM 12: 20	e received and the second and the se
Enclosed is a check for th	e following amount: S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 S60 00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 	
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	vas it now appears on our records.) ability Company)	LLC
The Articles of Organization for this Limited Liability Company v Florida document number <u>L230000</u> 40478	were filed on <u>Color 0217</u>	2/Z and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	₩.
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the al	obreviation L.I. C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		PM 12: 20
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	Idress on our records, enter the nam	ne of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address	<u> </u>

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.

City

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 Title Name. Address Type of Action AMBR OSand AlSougi 4001 E Resnus AVE PAdd Tanpa FL 33604 Remove □Change _____ □Change ___ . _____ □Remove _____ □Change _____ □Adđ **□**Remove _____

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