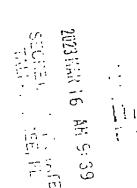
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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	SI CONSTRUCT Name of Lim	10N SOLUTIONS L	LC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EVONY (ASTRETON - REP	NOGU
		Firm/Company	
	6582 PA	TON WOODS DT	ર
		Address	2023 SEC
	TUCKER	City/State and Zip Code	2023 KAR 16 SECONDAY
			5 5
·	ECASTRET	ON RENDON @GMA to be used for future annual report notifi	L. COM
For further information c	oncerning this matter, please c	all:	ication)
EVONY CASTR Name o	EJON- RENDON Person	at (<u>678)</u> <u>346</u> - Area Code Daytime	(1)
Enclosed is a check for the	ne following amount:		
S25.00 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 Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Corp The Centre of Ta	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EST CONSTRUCTION SOLUTION (Name of the Limited Liability Compa	OTIONS LLC nv as it now appears on our record white Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability Company		
Florida document number $\frac{L23000095086}{}$.		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3. 20
(Principal office address MUST BE A STREET ADDRESS)		73 177
Enter new mailing address, if applicable:		
		1712 10
(Mailing address MAY BE A POST OFFICE BOX)	r-10-	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	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>	Name	Address	Type of Action
<u>AMBR</u>	AQUILINO PEREZ	3640 SW 2017 Ave	□Add
		hainesville, FL 32607 Apt	21 Le Remove
			□Change
AMBR	AQUILINO SANTANA PEREZ	3640 SW 20th Ave	0ZAdd
		Fainesville, FL 32607 Apt 22	□Remove
			PRemove 1
			□Add
		4-7	□Remove
			□Change
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			□Remove
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t an effective date is his Note: If the date ins	ther than the date sted, the date must be specified in this block d e date on the Departs	pecific and o loes not me	cannot be prior eet the applic	able statutory	or more than 90 filing requirem	(option days after fi ents, this	iling.) Purs	uant to 60 not be li	05,0207 sted as
e record specifies a c rd is filed.	lelayed effective date	e, but not a	ın effective ti	me, at 12:01	n.m. on the earl	ier of: (b)	The 90t	h day af	ier the
Dated FEBRU	1ARY 24	·	<u>2023</u>	<u> </u>					
			LUNGLA						

Filing Fee: \$25.00