



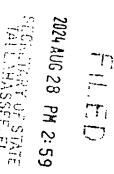
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Special Instructions to	Filing Officer.	

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## **COVER.LETTER**

TO: Registration So Division of Co	rporations	0	- 1 -
SURJECT: Ber	mudez Clean	ing Painting and	d Construction S
NOBSECT:	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:	
	Subarmy	Bermodez	Vazquez
		Name of Herson	
	2308 W	Address  FLorida  City/State and Zip Code  S Q yalvo - Control of the control of	
	tampa	Florida 3	3360}
	he u ha cm	City/State and Zip Code	m
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co		
Subarmy B	sermo dez Vasa	wez 786 47	2 0351
Name o	of 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		<u>Street Address:</u> Registration Se	ction
Registration Division of C		Division of Cor	
P.O. Box 632	27	The Centre of T	allahassee
Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ししこ eaning Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on Florida document number \_\_ L 23 000 11 21 88 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ting and Construction Solutions LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florid City

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:

or remov	ved from our records:		
MGR =	Manager		
AMBR =	Authorized Member		

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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n effective date is listed, the date must be specific te: If the date inserted in this block does no cument's effective date on the Department	e and cannot be prior to not meet the applicable	date of filing or more tha le statutory filing requ	n 90 days after filing.) Pur irements, this date will	suant to 605,020 not be listed a
ecord specifies a delayed effective date, but s filed.	not an effective time	2, at 12:01 a.m. on the	earlier of: (b) The 90	th day after the
ded 08/24/2024	<u></u>			
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Typed or printed name of signee