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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future 🎉 annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSTRUCTION SOLUTIONS GROUP LLC

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**APR 13 2023** 

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## CONSTRUCTION SOLUTIONS GROUP LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_03/10/2023 \_\_\_\_\_ and assigned Florida document number \_L23000125736 This amendment is submitted to amend the following: 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," the designation "LLC" or the abbreviation "LLC." 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 CavNew 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:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	RONALD L. SKELLY Jr.	7901 4th St N STE 300	XAdd
		St. Petersburg, FL 33702	[]Remove
			□Change
AMBR	JESUS ALEJANDRO GONZALEZ	7901 4th St N STE 300	<b>∑</b> :Add
		St. Petersburg, FL 33702	□Remove
			[]Change
<u>AMBR</u>	RALPH ODOM Jr.	7901 4th St N STE 300	<b>X</b> /Add
		St. Petersburg, FL 33702	□Remove
			□Change
			□Remove
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te: If the	ate, if other than the d date is listed, the date must be date inserted in this bloc effective date on the Dep	k does not meet the app	licable statutory filir	(option more than 90 days after fing requirements, this o	nal) ling.) Pursuant to 605,020 date will not be listed as
cord spec s filed.	cifics a delayed effective of	date, but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
ed	April 12	2023	·		
		<u> </u>			
		17 1			
_	S	gnature of a member or au	4.7 thorized representativ	e of a member	

Filing Fee: \$25.00