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(Re	questor's Name)	
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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
SUBJECT: ATP	erez Constructi	> -	
SUBJECT: AT 1	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:	
	Andrew	Perez	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	-	Firm/Company	3 2 ? report notification) Daytime Telephone Number
	2 hrs Som.	Carlo III i	
		Address	-
	<i>(</i>	1 11 Fr 2222	
	craws are	City/State and Zip Code	
	atonezan	to be used for future annual report notif	
	E-mail address; (to be used for future annual report notil	fication)
For further information c	concerning this matter, please ca	all:	
		at (
Name c	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(additional copy is enclosed)
Mailing Addres		Street Address:	
Registration by Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ATPerez Construction	\	
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our recor I Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 4/11/	2023 and assigned
Florida document number <u>L23660174352</u> .	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		~~~~
(Principal office address MUST BE A STREET ADDRESS)	·	023 T.E.f.
Enter new mailing address, if applicable:		See Ti
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>ente</u>	r the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
		Torida
	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
Manger	Andrew Perez	2408 Spring Creek Higher Crewfordille, Fl. 32327	J DAdd
		Cranistation, Tt. 32321	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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(If an effective Note: If the	ve date is listed, the he date inserted i	han the date of fit date must be specific n this block does n on the Department	e and cannot be prior not meet the applic	able statutory filing	(option: e than 90 days after fili requirements, this da	al) ng.) Pursuant to 605.0207 (; atte will not be listed as th
ne record sp ord is filed.		effective date, but	not an effective t	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day after the
Dated	June	7 A		<u>-</u> .		
		Signature of	of a member or auth	orized representative o	f a member	

Filing Fee: \$25.00