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COVER LETTER

TO: Registration Se Division of Cor				•		
	ORKS AND CONSTRUCTION	SS LLC				
SUBJECT:	Name of Lin	nited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	DAVID RESTREPO ZAF	PATA				
		Name of Person		_		
	CIVIL WORKS AND CO	NSTRUCTIONS LLC				
Firm/Company						
	6405 GRAYMONTH DR					
		Address		_		
AUSTIN, TX 78754				•		
City/State and Zip Code				_ ;	:	
	DAVIDRESTREPO1215@			1		
		(to be used for future annual report not	ification)		}	
For further information of	concerning this matter, please c	call:				
DAVID RESTREPO ZAPATA 407 343-1835 at ()					1	
Name o	of Person	Area Code Daytin	ne Telephone Numb	er		
Enclosed is a check for t	he following amount:					
	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Stat	tus &	
Mailing Addres		Street Address:	ation			
Registration Section Division of Corporations		Registration Se Division of Co				
P.O. Box 632	27	The Centre of T	The Centre of Tallahassee			
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite	810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIVIL WORKS AND CONSTRUCTIONS LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on MARCH 03,2023	and assigned
lorida document number L23000121804		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the a	abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		1
	. <u> </u>	<u> </u>
_	•	•
Enter new mailing address, if applicable:		
-		
3. If amending the registered agent and/or registered office add gent and/or the new registered office address here:	ress on our records, <u>enter the na</u> i	me of the new regist
Name of New Registered Agent:		 .
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
	City	ZID COAC

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	EDWIN RESTREPO OCAMPO	6405 GRAYMONTH DR	= Add
		AUSTIN, TX 78754	□Remove
			□Change
			□Add
			□Remove
	<u>.</u>		DAdd
			Remove
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we date, if other than the da ctive date is listed, the date must be if the date inserted in this block ent's effective date on the Depa	specific and cannot be price does not meet the appli	r to date of tiling or cable statutory fil	dopt more than 90 days aft ing requirements, th	er filing.) Pursu	ant to 60: of be list
l specifies a delayed effective d ed.	ate, but not an effective	time, at 12:01 a.m	on the earlier of: ((b) The 90th	day afte
MARCH 30	. 2023	<u></u> .			
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Filing Fee: \$25.00