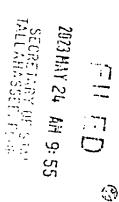
## L3300348705

	equestor's Name)	
(Re	equesions manie)	
(A	ddress)	
(Ac	ddress)	
(Ci	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Bi	usiness Entity Name)	
(De	ocument Number)	<del></del>
Certified Copies	Certificates of	of Status
Special Instructions to Fili	ing Officer:	
	<i>i1</i> 0	RNE- 25.2023-
	7.40	25 2023-
	YAM	[ 2

Office Use Only



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2029 MAY 24 PM 4: 04

FLORIDA CAPITAL COURIER SERVICES, II	NC .
2330 CLARE DRIVE	×
TALLAHASSEE, FL 32309	. 16
(850) 524–5437	
(850) 524–6243	
Please use funds from this account:	120210000160: <u>\$30.00</u>
Authorization Signature: Jan	Lella :
FMC CONTRUCTION & CLEANING	
BUSINESS NAME	DOCUMENT #
Certified Copy	
_X_ Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit CorpNot for ProfitLimited LiabilityDomesticationOtherCORPLLLP	X Amendment Resignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

,

FLORIDA CAPITAL COURIER SERV	ICES, INC
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this ac	count:  20210000160: \$30.00
Authorization Signature:	Soutell :
FMC CONTRUCTION & CLEA	NING SERVICES LLC L23000248705
BUSINESS NAME	DOCUMENT #
Certified Copy	
_X_ Certificate of Status	•
	ABARENIDAGENITO
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Corp	<u>X</u> Amendment
Not for Profit	Resignation of R.A. Officer/Directo
Limited Liability	Change of Registered Agent Revocation of Dissolution
Domestication Other	Merger
CORP	Articles of Conversion
LLLP	Amended and restated Articles
	Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE	Other
Country	
Country  EXAMINER'S INITIALS:	

## COVER LETTER

TO: Registration Se Division of Cor			
FMC Contr	uction & Cleaning Services LL	c	
SUBJECT:	Name of Limi	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:	
	Fernado Calheiros		
		Name of Person	
	N/A		
		Firm/Company	·····
	355 Verona Pl		
		Address	
	Davenport, FL 33897		
		City/State and Zip Code	
	fracconstructional earling@g	gmail.com to be used for future annual report no	tification)
For further information	concerning this matter, please c		
Fernando Calheiros		863 303-7810	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 63:	Section Corporations 27	Street Address: Registration S Division of Co The Centre of	orporations
Tallahassee,	FL 32314	2415 N. MODI	oc shoci, suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 MAY 24 AM 9:55

FMC Contruction & Cleaning Services LLC

company has been notified in writing of this change.

(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 Li Florida document number L23000248705	ability Company	were filed on	May 22, 2023	and assigned
Florida document number	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liabi	lity company	<u>here</u> :	
FMC Construction & Cleaning Services LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," t	he designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	N/A		
(Principal office address MUST BE A STREE				
			<u> </u>	
Enter new mailing address, if applicable:		N/A		
(Mailing address MAY BE A POST OFFICE	BOX)			
			<del></del>	
B. If amending the registered agent and/or r		ddress on o	ır records, <u>enter the</u>	name of the new registered
agent and/or the new registered office addres	ss here:			
Name of New Registered Agent:	N/A			
New Paristand Office Address:	N/A			
New Registered Office Address:		Enter	Florida street address	
			, Floric	da
		City	,	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:			
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regibeing filed to merely reflect a change in the	er and complete istered agent as p	performanc provided for	e of my duties, and i in Chapter 605, F.S	I am familiar with and S. Or, if this document is

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
N/A	N/A	N/A	□Add
			□Remove
			Change
			□Remove
			Change
			□Remove
			☐ Change
_			
			Remove
			□Change
		Remove	
	<del></del>		Remove
			Change

N/A	
_	
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_	
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	<del></del>
_	<del></del>
-	
	N/A
en effect	e date, if other than the date of filing:
ote: If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a t's effective date on the Department of State's records.
	is the time on the properties in the state of the state o
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed	
uod	
	Signature of a member or authorized representative of a member
	Signature of a mention of annionwood telephone of a inclined
	Fernando Calheiros

Filing Fee: \$25.00