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(Requestor's Name)
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PICK-UP WAIT MAIL
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(Document Number)
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2023 JUN 21 AM 9:4

A. PARISHANI AUG 0 5 2023

COVER LETTER

TO: Registration Section Division of Corpor					
SUBJECT: MB	H DEMOLITIC	on, LLC			
	Name of Limite	ed Liability Company		_	
The enclosed Articles of An	nendment and fee(s) are subm	iitted for filing.			2023 JUN 2
	ence concerning this matter to				2
	Osmani	CRUZ HE, RES	ERA	-	AH 9: 43
	M 3 H	SEMOLI +7 OV) Firm/Company	<u>uc</u>	-	
	8611 3.	W. 10th TERE	CACE	-	
	Hiari,	Florida 33 City/State and Zin Code	3144	-	
-		twil89 agua	ication)	1	
For further information conc	erning this matter, please cal	ł:			
SHANI COM	HERRERA	at (<u>780)</u> <u>03</u> Area Code Daytime	3 - 7 4 5 Telephone Number	9	
Enclosed is a check for the f	•				
\$\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status	
Mailing Address: Registration Sec		Street Address: Registration Sec Division of Corr			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1023 JUN 21 AM B: 43

(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 ____ Florida document number <u>L23000</u>265,442 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A mame must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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

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
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Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to date of filing or the: If the date inserted in this block does not meet the applicable statutory filed the date of the date on the Department of State's records.	(optional more than 90 days after filing ing requirements, this date	,) Pursuant	to 605.020° be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 a.n is filed.	i, on the earlier of: (b) T	ne 90th da	y after the
15 2023.			

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