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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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A. PARISHANI SEP 1 6 2023

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT:	TAMPS Co	nstruction LLC			
SUBJECT.	Name of Lim	ited Liability Company		207	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		2023 AUS 28	
Please return all correspo	ordence concerning this matter	to the following:		AH III	
	<u> </u>	Jesse Cotto		 မ 	
		Name of Person		6	
	T	AMPS Construction I	LLC		
	Address				
	Но	mestead, Florida 330	030		
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
		sse.cotto@yahoo.co		<u>.</u>	
For further information c	oncerning this matter, please c		eport nouncation)		
Jess	e Cotto	at (_305_)	498-5914		
Name o	f Person	Area Code	Daytime Telepho	one Number	
Enclosed is a check for the	ne following amount:				
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Registration S Division of C	Section		Idress: Ition Section 1 of Corporatio	ns	
P.O. Box 632 Tallahassee, I	7	The Cen	itre of Tallahas Monroe Street	see	
i alialiassee, i	, saic oro				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023
SUV
28
<u>></u>

	PS CONSTRUCTION LLC		
(<u>Name of the Limited L</u> (A F	lability Company as it now appears lorida Limited Liability Company)	on our records.)	=
The Articles of Organization for this Limited Liabil Florida document number	ity Company were filed on	JUNE 1, 2023	⊖ Consider the construction of the constructi
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable	: <u></u>		
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)		
	 ,,		
Enter new mailing address, if applicable:			
<u>(Mailing address MAY BE A POST OFFICE BOX</u>	<u> </u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our re- ere:	cords, <u>enter the name</u>	of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florid	la street address	
_		Florida	
	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

Title	<u>Name</u>	Address	Type of Action
MGR	WILFREDO C COTTO, JR	8205 SW 176TH TERR MIAMI, FL 3315	7_1 Add
		 -	□Remove
			□Change
			□Add
			_ DRemove
			200ve _ □ Rem3 ∧UGange _ □ Change
			_ DAdd .
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ocument's	effective date on the Departn	nent of Sta	te's records					
	cifies a delayed effective date	hut not a	n offective t	ime at 12:∩1	am on the	aneline of: /b	O Tha 00th	day athar th
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Filing Fee: \$25.00