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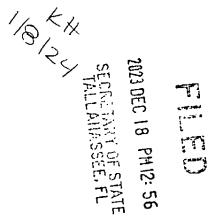
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	}

Office Use Only



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## \*\*\*IMPORTANT NOTICE\*\*\*



PLEASE SEND ALL DOCUMENTS –
APPROVED OR REJECTED TO THE ADDRESS
BELOW.

## INC AUTHORITY ATTN: CORPORATE MAINTENANCE LEAD

1450 VASSAR ST RENO, NV 89502

OR

RETURNDOCS@INCAUTHORITY.COM

TO: PHYSICAL: Dept. of State

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

MAILING: Dept. of State

Division of Corporations

Corporate Filings P.O. Box 6327

Tallahassee, FL 32314

FROM: Inc Authority, LLC

1450 Vassar St Reno NV 89502 (800) 638-2320 (775) 329-0852

DATE: Monday, December 11, 2023

SENT VIA USPS

To Whom It May Concern:

Attached, please find the following document(s):

• Articles of Amendment

For: F&F CONSTRUCTIONS, LLC

We have included payment in the amount of \$25.00 for the following fees:

• Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

### Please return the file stamped copy of Amendment to Articles of Organization to the address below:

Processing Department 1450 Vassar St Reno NV 89502

#### **COVER LETTER**

TO: Registration So Division of Cor					
SUBJECT: F&F CO	NSTRUCTIONS, LLC Name of Limite	d Liability Company			
The enclosed Articles of	Amendment and fee(s) are subm	itted for filing.			
Please return all correspo	ondence concerning this matter to	the following:			
	Corpora	te Maintenance Lea	ad		
		Name of Person			
	Proce	ssing Department			
		Firm Company			
	14	150 Vassar St			
		Address			
	F	Reno, NV 89502			
		City State and Zip Code			
	E-mail address; (to	be used for future annual report notifi	cation)		
For further information c	oncerning this matter, please call	:			
Process	ing Department	at ( 800 ) 638-2320		~	
Name o	f Person	Area Code Daytime	Telephone Number	2023 DEC 1 PEGEEN	**************************************
Enclosed is a check for the	ne following amount:			18 8 18 18 18 18 18 18 18 18 18 18 18 18	[ -q -q
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filin Certificate Certified C raddinonal co	or Same 22	ا : ا است ا

• •

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

. . . . . .

company has been notified in writing of this change.

F&F CONSTRU		
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L23000267072  This amendment is submitted to amend the following:		and assigned
_		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abb	previation "L.L.C."
Enter new principal offices address, if applicable:	6411 Cypressdale Dr Apt 202	
(Principal office address MUST BE A STREET ADDRESS)	Riverview, FL 33578	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	6411 Cypressdale Dr Apt 202 Riverview, FL 33578	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:  New Registered Office Address:		2023 DEC 1
	, Florida	36 <b>8</b>
New Registered Agent's Signature, if changing Registered Agent:	City L	CESTA: 5
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or,	ee Tromply with the uniliar with and 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
MGR	Oscar Zapata	6411 Cypressdale Dr Apt 202	
		Riverview, FL 33578	Remove
			☑ Change
			Remove
			Change
			□ Remove
			Change
			Remove SE 0 74
			2023 EC 1 B
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Tective date, if oth	ner than the date of filing: N/A and, the date must be specific and cannot be prior to date	(optional)	TE E
ote: If the date insci	rted in this block does not meet the applicable st date on the Department of State's records.	atutory filing requirements, this date will	nor to listed the
ocument's effective t	and on the Expandment of State a records.		18
record specifies	s a delayed effective date, but not an e	effective time, at 12:01 a.m. on t	
The 90th day an	ter the record is filed.		12: 56 STATE E.FL
ned Diciem	DIE 08 2029		· H 6
· / /	THE THE		
	signification of authorized r	representative of a member	<del></del>

Page 3 of 3

Filing Fee: \$25.00