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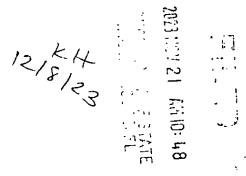
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor				
 ⊘r CFN CON:	STRUCTION LLC			
SUBJECT:	Name of Lim	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:		
	NELSON YEPEZ			
		Name of Person		
		Firm/Company		
	6820 CRANES ROOST R	D		
	HARMONY, FL 34773	Address		
	constructionefm21@gmail.	City/State and Zip Code		
		to be used for future annual report notif	fication)	
For further information c	oncerning this matter, please co	all:		202
NELSON YEPEZ		786 731-7377 at ()		[7] 7023 "CV 2
Name o	f Person	Area Code Daytim	e Felephone Number	- :
Enclosed is a check for the	ne following amount:			AH 10
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

any as it now appears on our records.) Liability Company)		
y were filed on	and assigned	j
bility company here:		
ility Company," the designation "LLC" or the a	abbreviation "L.L.C."	
		
address on our records, enter the nar	ne of the new reg	ister
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	address on our records, enter the nar	and assigned bility company here: bility Company," the designation "LLC" or the abbreviation "LLC" address on our records, enter the name of the new reg

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
MGR	CARLOS MIGUEL PEREZ	6820 CRANES ROOST RD HARMONY, FL 34773	≣Add
			_ □Remove
			□Change
MGR	FRANCISCO ANTONIO PEREZ	6820 CRANES ROOST RD HARMONY, FL 34773	_ ≣Add
			Remove
			□Change
			_ □ Add
			2023 Emove Control Office Control Of
			Articological Control
			_ □Change
			□Add
			_ □Remove
			_ Change
			_ □Add
			_ □Remove
			□Change

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			10.00	
			15	•
E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this bedocument's effective date on the list	ust be specific and cannot be prior block does not meet the applic	to date of filing or more than 90 table statutory filing requiren	(optional) days after filing.) Pursuant to 605.02	07 (3)(b) as the
If the record specifies a delayed effecti record is filed.	ive date, but not an effective t	ime, at 12:01 a.m. on the earl	lier of: (b) The 90th day after th	ic .

Filing Fee: \$25.00

Typed or printed name of signee