## La3000357605

(Do	questor's Name)	
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(Cit	ty/State/Zip/Phone	<i>⇒</i> #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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Ct 12/13/2023

## **COVER LETTER**

Division of Cor	porations				
21/2 11 000		N RAFAEL, LLC			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
		Daniel Ruiz			
		Name of Person			
	STX SAN RAFAEL, LLC				
		Firm/Company			
		1100 Commercial Blvd			
		Address			
	Naples. FL 34104				
	City/State and Zip Code				
		n@STX-Construction.cor to be used for future annual re			
For further information c	concerning this matter, please c				
	Daniel Ruiz	239	810-5618		
Name o	of Person	at () Area Code	Daytime Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encle	Certificate of Status &		
Mailing Addres	ve·	Street Ado	dross:		

TO:

Registration Section

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

	AN RAFAEL, LLC	2023 በመስ	<u>-6 (2)1 5: 34</u>
( <u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears mited Liability Company)	on our records.)	<del></del>
he Articles of Organization for this Limited Liability Conlorida document number L23000357605	npany were filed on	07/31/2023	and assigned
nis amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited	d Liability Company," the des	ignation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRE.	<u> </u>		
		<del></del>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		<u> </u>	
3. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our rec	ords, <u>enter the nan</u>	ie of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Floria	a 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 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
AMBR FERDI DZELIL		1668 WALDEN CRESCENT DR	■Add
		MORRIS, IL 60450	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change
	<del></del>	<u> </u>	□Add
			□Remove
			Change

Typed or printed name of signee