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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
OneCore C	onstruction Management 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	ndence concerning this matter	to the following:	
	Carlos Aya		
		Name of Person	
	OneCore Construction Ma	nagement LLC	
		Firm/Company	
	3297 NW 7 AV		
		Address	
	Miami / Florida 33127		
		City/State and Zip Code	
	info@onecorecm.com E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c		
Carlos Aya		305 305587655.	5
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 5	Section	Street Address: Registration Se	
Division of Corporations P.O. Box 6327		Division of Co The Centre of	
Tallahassee,			oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OneCore Construction Manageme		and the second of the second o
(same in the fam	ited Liability Company as it now ag (A Florida Limited Liability Compa	ny)
The Articles of Organization for this Limited I	• • •	n 08/14/2023 and assigned
lorida document number 1,23000381519	,	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	<u>y here</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
Principal office address MUST BE A STREA	ET ADDRESS)	
		25 iii
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u></u>	
		ي :
		52
	***	ur records, <u>enter the name of the new register</u>
gent and/or the new registered office addre	iss nere:	
Name of New Registered Agent:	Jonathan Taborda	
New Registered Office Address:	3297 NW 7 Av	
	Enter	r Florida street address
	Miami	, Florida 33127
	City	Zıp 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.

Jonathan Taborda
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>	<u>Name</u>	Address	Type of Action
MGR	Jonathan Taborda	3297 NW 7 Av, Miami, FL 33127	<b>∃</b> Add
			□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change

amending any other mior	nation, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
<del></del>		
**		
Effective date, if other than after the date is listed, the date is listed. The date inserted in this document's effective date on the	nust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 block does not meet the applicable statutory filing requirements, this date will not be listed	5.0207 (3) ed as the
ne record specifies a delayed effeord is filed.	tive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	r the
Dated 04/15	2025	
	M	
	Signature of a member or authorized representative of a member	
CARLOS AYA	Typed or printed name of signee	

Filing Fee: \$25.00