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Office Use Only



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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			
SUBJECT: AGN	1 Construction Name of Limi	1 Services LLC ted Liability Company	_
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.	
Please return all correspor	dence concerning this matter	to the following:	
	Amanda	Brinson Name of Person	
	A & M COV	nstruction Services L	<u>-C</u>
	1147 NW 13	oth St. Address	
	Stuart	FL 34994 City/State and Zip Code	<del></del>
	am constru	14772 c amail · com o be used for future anual report notification)	<del></del>
For further information co	ncerning this matter, please ca	dl:	
Amanda E	Brinson Person	at (54) 308-8108 Area Code Daytime Telephone Nur	nber
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certified Copy is enclosed) Certified Copy is enclosed)	0 Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations	Street Address: Registration Section Division of Corporations The Centre of Tallahassee	2024 916 16

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

H 9 M Construction Se	
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000408193</u> .	were filed on $8 30 23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	1147 NW 13th St Stuart, FL 34994
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	1147 NW 13th St Stuart, FL 34994
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida 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:

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name Current:	Address	Type of Action
AMBR	Amanda Portilla nge to vanda Brinson Married name)	1147 NW 13th St Stuart, FL 34994	_ □Add
Crur	rge to: Vinda Brinsola		_ □Remove
	married name)		_ Change
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L'ec-	in date if when they the Jaco of films
If an ef	tive date, if other than the date of filing:
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
ie recoi ord is fi	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	10.00
Dated	Aug. 9 2024
Dated	Lontille 1 April 1 (max)
Dated	Aug. 9  Lout  L Portilla A Bringer (New)  Signature of a member or authorized representative of a member