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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Name)	<u>. </u>
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Certified Copies	Certificates of	Status
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Me)'s	Onstruction LLC une of Limited Liability Company
iva	ame of Limited Liability Company 2023 CF75
The enclosed Articles of Amendment and fee(s) are submitted for filing.
	on the state of th
Please return all correspondence concerning th	=
<u> </u>	elvin Paiz 5
Mel	5 Construction LLC
_52	Birchwood Dr.
Pali	n Coast, Fl. 32137
SC E-mail	PCCerp, rate Q Vahoo. com l'address: (to be used for future annual jeport notification)
For further information concerning this matter	; please call:
Carmon Paiz Name of Person	at (386) 864 - 0897 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	Fee & S55.00 Filing Fee & S60.00 Filing Fee, Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Limited Liability Company as it now appears (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on _ Florida document number 1230004082.05 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The 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 applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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>	Name	Address	Type of Action
<u>Manager</u>	Carmen Pariz	52 Birchwood Dr. Palm Coust, Fl. 32137	_ `S Add
		Palm Coust, F1. 32137	! □Remove
			□Change
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n effective date is liste ote: If the date inse	er than the date of filing: d, the date must be specific and cannot be prior to date of filing ted in this block does not meet the applicable statutory date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 605.0 filing requirements, this date will not be listed
ecord specifies a de is filed.	ayed effective date, but not an effective time, at 12:01	a.m. on the earlier of: (b) The 90th day after
ued 9-26)- <u>33</u>	
	Signature of a member or authorized represen	

Filing Fee: \$25.00