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(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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11/30/23--01010--015 **25.00

12/14/23



COVER LETTER

	TEGMEN CO	ONSTRUCTION, LLC.				
SUBJECT:		Name of Linu	ted Liability Company			
The enclosed	1 Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspond	dence concerning this matter t	to the following:			
		ELSA ROMERO MEJIA				
			Name of Person			
		TEGMEN CONSTRUCTION	ON, LLC.			
			Firm/Company			
		848 MORAVON AVE.				
			Address			
		JACKSONVILLE, FL 322	11			
		elsaromero63@gmail.com	City/State and Zip Code			
		-	to be used for future annual report notif	ication)		
For further i	nformation cor	ncerning this matter, please ca	all:			
ELSA ROM	IERO MEJIA		904 250-1568 at ()		2023	
	Name of I	Person	Area Code Daytime	: Telephone Number	2023 MON 30 /	- ·
Enclosed is	a check for the	following amount:			O All	
\$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (c of Sizitus &	اسم

TO:

Registration Section **Division of Corporations**

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

TEGMEN CONSTRUCTION, LL		<u>.</u>
(Name of the Limi	ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited L	iability Company were filed on 09/01/2023	and assigned
Florida document number L23000410567	·	
This amendment is submitted to amend the following	lowing:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
		<u> </u>
		72
B. If amending the registered agent and/or	registered office address on our records, enter the	e name of the new registered
agent and/or the new registered office addre	ess here:	- 2
		30
Name of New Registered Agent:	ELSA ROMERO MEJIA	
New Registered Office Address:	848 MORAVON AVE	五 四の 8
	Enter Florida street address	严马 5
	JACKSONVILLE , Flori	da 32211 (1)
	Citv	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 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
AMBR	ROMERO MEJIA, ELSA	848 MORAVON AVE.	[:] Add
		JACKSONVILLE, FL 32211	□Remove
			- Change
AMBR AVILA ROMERO, ELDY	AVILA ROMERO, ELDY	848 MORAVON AVE.	
		JACKSONVILLE, FL 32211	□Remove
			≘ Change
P	AVILA ROMERO, ROBERSY	848 MORAVON AVE.	
		JACKSONVILLE, FL 32211	\exists Remove
			□ Add
			BRemove -
			Change
			- Add
			Remove
			□Remove
			□Change

	2023 SS-1 1
	<u> </u>
	FATE FL
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior lote: If the date inserted in this block does not meet the applic ocument's effective date on the Department of State's records.	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.020 able statutory filing requirements, this date will not be listed as
record specifies a delayed effective date, but not an effective till is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated NOVEMBER 27 2023	-
Emy / v	
Signature of a member of auth	orized representative of a member

Filing Fee: \$25.00