L23000428168

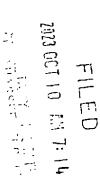
(Requestor's Name)
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COVER LETTER

	egistration Selivision of Corp				
CUD IECT	5 STAR PR	O CONSTRUCION SERVIC	ES LLC		
SUBJECT	Name of Limited Liability Company				
The enclos	ed Articles of .	Amendment and fec(s) are sub	mitted for filing.		
Please retu	m all correspor	ndence concerning this matter	to the following:		
		CESAR MACIAS			
			Name of Person		-
		5 STAR PRO CONSTRUC	CION SERVICES LLC		
		 -	Firm/Company		-
		10967 MOSS PARK RD U	NIT 138		
			Address	-	-
		ORLANDO, FL 32832			
			City/State and Zip Code	,	•
		useche24@gmail.com			
		E-mail address: (to be used for future annual repo	rt notification)	
For further	information co	oncerning this matter, please ca	all:		
Cesar maci	as		(407) 879-14	27	
	Name of	Person	Area Code D	aytime Telephone Number	
Enclosed is	a check for the	e following amount:			
■ \$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified	te of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED 2023 OCT 10 AM 7: 14

5 STAR PRO CONSTRUCION SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.) , j (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L23000428168		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		1,-,-
B. If amending the registered agent and/or registered office a	iddress on our records, entor t	the name of the new register
agent and/or the new registered office address here:	duress on our records, enter t	me name of the new registers
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	rida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code

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
MGR	PATRICIA D USECHE	10967 MOSS PARK RD UNIT 138 BLDG I	≡ Add
		ORLANDO. FL 32832	□Remove
			□Change
		-	□Add
			□Remove
			□Change
		<u> </u>	
			□ Remove
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ote: If the date inscrted in the	e must be specific and cannot be pri	or to date of filing or more than blocable statutory filing require	(optional) 0 days after filing.) Pursuant to 605.020 ements, this date will not be listed a
record specifies a delayed eff is filed.	ective date, but not an effective	time, at 12:01 a.m. on the ea	rlier of: (b) The 90th day after the
ated O.CAO ber 5	Mac Signature of a member or aut		
12-	2		
Megano	nac.		

Typed or printed name of signee