# L23000490155

(Re	equestor's Name)	
(Ac	ddress)	
	ddress)	
(~	uress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(D.		
(Bi	usiness Entity Name)	
(Do	ocument Number)	
Certified Copies	Certificates of	Status
	_	
Special Instructions to	Filing Officer:	

Office Use Only



400418865614

11/13/23--01937--022 ••25.00

11/27/23

2023 NOV 13 PM 2: 10 SECT\_15 NO OF STATE

## **COVER LETTER**

TO: Registration Sec Division of Corp					
EL CONTR. Subject:	ACTOR LLC		,	at.	
	Name of Lim	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
	ndence concerning this matter				
	RAQUEL FERNANDEZ				
		Name of Person			
	EL CONTRACTOR LLC				
	Firm/Company				
	18520 NW 67 AVE UNIT 265				
	Address		<del></del>		
	HIALEAH, FL 33015				
	-	City/State and Zip Code			
	ELCONTRACTOR1@YAI		. <u></u>	_ •	
	E-mail address: (	to be used for future annual report notification)	:	2023 SEC	
For further information co	ncerning this matter, please co	all:	! !	2023 HOV 13	LED HOT
RAQUEL FERNANDEZ		786 295 5700			(marie
Name of	Person	Area Code Daytime Teleph	one Number	PH 2: 1	j i
Enclosed is a check for th	e following amount:			. E. 0	
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate o Certified Co (additional copy	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

EL CONTRACTOR ELC		
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L23000490155</u> .	nny were filed on 10/27/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability 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)		<del></del>
		202
Enter new mailing address, if applicable:		2023 HC
(Mailing address MAY BE A POST OFFICE BOX)		- C
<del></del>		
		EE'S H 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	ce address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<del>-</del>	, Florid	
	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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FELIPE ALONSO, JOSE	4150 W 19 AVE HIALEAH, FL 33012	
			■Remove
			□ Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
			□Change
			NOPEZION I
			63‡
			S Change
			□ Add
		□Remove	
			□ Change
			□Add
		□Remove	
			□Change
		□Add	
		□Remove	
			□Change

Typed or printed name of signce

. . . .