L23000492421

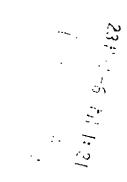
(R	Requestor's Name)
(A)	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
, v	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
PICK-UP	WAIT MAIL
	lusiness Entity Name)
	Pocument Number)
,–	,
O PER LO 1	O ME care of Occ
Certified Copies	Certificates of Status
_	
Special Instructions to	Filing Officer:
	J F
	۱۹۸۸ ک ۵ کمری
	1101 2 11 2023

Office Use Only



800418355238

11/05/23--01018--011 ++25.00



COVER LETTER

Division of Corpo	rations		
SUBJECT: N	ahomy Pro-	Festory Deni (Liability Company	Construction LLC
The enclosed Articles of Ar	mendment and fee(s) are submi	tted for filing.	
Please return all correspond	lence concerning this matter to	the following.	
		ESquirel Riva	
	Nahom	Professional Firm/Company	Servius LCC
	1487 S	ounshadow Dy	Apt 205
	(asselba	erry FL 37 City/State and Zip Code	2707
	Carolina (C	be used for future annual report notification	Miton)
For further information con	cerning this matter, please call:	:	
Name of P	Esquivel hva	Sat (407) — 9678 Area Code Daytime T	394 elephone Numics
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L2300049242</u>) 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 "LLC. 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: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

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.

City

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>	<u>Address</u>	Type of Action
			□ Вепюче
			☐ Change
]Add
		□ Петюче	
		 	□Change
		□Add	
			□Remove
		□Change	
			□ Петюче
			□Change
		□ Петюче	
			□Change
			
			□Remove
		.	☐Change

•	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_		
		
(if an effect Note: If	e date, if other than the date of filing:	
ne record s ord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after d.	the
Dated	10/31 2023:	
	DO FSAULVED RIVAS.	
	Signiture of a member or authorized representative of a member	