

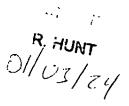
(Requestor's Name)						
(Address)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





01/05/24--01001--002 **25.00





COVER LETTER

	legistration Secti Division of Corpo							
SUBJECT	r: <u>Un</u>	limited Na	In,	<u>10 Vation</u> Liability Company	Constr	oction	LLC.	
The enclos	sed Articles of An	nendment and fee(:	s) are submit	ted for filing.				
Please retu	irn all correspond	ence concerning th	is matter to	the following:				
		<u>Jose</u>	A S	Name of Person	pescz		-	
			<u>-</u>	Firm/Company			-	
		706 Ar	den	RJ Tall	lahussee	F1 37		
		Jallaha Sche Se	Usee	Address Address F 3 7 City/State and Zip Cod ama c used for future an	7305 ode	tion	-3 AHII: 13	ر در
For further	information cond	cerning this matter,			mar report normen	11011)		
Sose	<i>Salazaj</i> Name of Po	rson		at (<u>\$50</u> Area Code	2 <i>96 - 53</i> Daytime To	34 elephone Numbe	r	
Enclosed j	sa check for the f	ollowing amount:						
2 \$25.00	Filing Fee	S30.00 Filing F Certificate of !		S55.00 Filing I Certified Cop (additional copy)	y.	Certified	ite of Status &	
<u>N</u>	ailing Address:			Stree	t Address:			

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)				
The Articles of Organization for this Limited Liability (Company were filed on Nov 6, 2623 and assigned				
Florida document number <u>/ 2.3000.503/20</u>	<u> </u>				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lim	nited liability company here:				
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter the name of the new registere</u>				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	Florida City Zip Code				
	any come				

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
MGR	Benito Jonathan	206 Arden Rd	Z Add
	Salazar-Hernandez	Tollahassee, FL 32205	□Remove
			□Change
			🗆 Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			Remove :
		STATE	Change =
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Signature of a member or authorized representative of a member A Salazar Percz Typed or printed name of signee

Filing Fee: \$25.00