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COVER LETTER

		COVER LETTER	
TO: Registration Sec Division of Corp			
SUBJECT: Fernand	o Musting 2 Congret Name of Lim	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Fernanda Marti	Name of Person	SECT TO A JU
	Emouda Mertinez	Convete LLC. Firm/Company	H-2 PH
	1539 Deouttle	Avenue Address	PH 2: 43
·	Tall. harsee / Flow	City/State and Zip Code	
	Frentinez Concr E-mail address: (tete . HC Pameil. Com	ification)
	ncerning this matter, please or	ન બંદ	
Name of	Person	at (Down) Daytin	120-9490 ne Telephone Number
Enclosed is a check for the	c following amount:		
☑ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

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

Fernando Mertinea Congrete	LLC.	
(Name of the Limited Liability Compan- (A Florida Limited Lia	v as it now appears on our record ability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company v	vere filed on <u>December</u> 19	1003 and assigned
Florida document number <u>L 23000554130</u>		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SECTION
(Principal office address MUST BE A STREET ADDRESS)		TREE TO
		75 2
Enter new mailing address, if applicable:		35 C 72
(Mailing address MAY BE A POST OFFICE BOX)		22 5
B. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	idress on our records, <u>enter</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ZZ
***	, F	lorida Zio Code
New Registered Agent's Signature, if changing Registered Agent:	C.,	zip conc
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publing filed to merely reflect a change in the registered office of	performance of my duties, a rovided for in Chapter 605,	and Lam familiar with and F.S. Or, if this document is

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	Noten Martinez Angeles	MARCHARAN	□Add
		1539 Dailittle Avenue, Tallahassee Fl.3	2310⊠Remove
			Change
AMBR	Bestriz Angeles Angeles		🗆 Add
;		1559 Dolittle Avenue, Tellehissee, Fl, 3231	<u>U</u>
			🗆 Change
AMBR	Evelyn Mortiner Angelia	1539 Declettle Avente, Tollichersee, F7,723	<u>IO</u> □Add
			Change Change Change Change Change Change
		32	DF-JAR
			□ Remove
			Charge
			□Add
			🖸 Remove
			□Change
			□Add
			□Remove
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Filing Fee: \$25.00