

L21000 432 230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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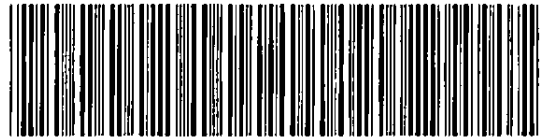
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Tampa, September 12, 2024.

Cover letter

To: Florida Department of State.

Division of Corporation.

A copy of the form amendment is attached to change the registered agent name and address. Please feel free to call daytime the AMBR.

Gerald Rodriguez 727-495-8043

Yosbel Rivero Alonso 786-817-5615.

Adress: 6515 W Clifton St Tampa, Fl 3363

Thanks in advance.



Yosbel Rivero Alonso

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TAMPA, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Athena Construction Services LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yosbel Rivero Alonso  
Name of Person

Firm/Company

6515 W Clifton St Tampa FL  
Address

33634  
City/State and Zip Code

athenaconstructionservices7@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gerald Rodriguez  
Name of Person

at ( 727 )  
Area Code

495 8043  
Daytime Telephone Number

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)

**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

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2004 SEP 16 PM 3:04  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Athena Construction Services LLC

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

The Articles of Organization for this Limited Liability Company were filed on 01/23/2024 and assigned Florida document number L24000043230.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6515 W Clifton St  
Tampa FL, 33634

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6515 W Clifton St  
Tampa, FL 33634

**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:

Yosbel Rivero Alonso

New Registered Office Address:

6515 W Clifton St.

Enter Florida street address

Tampa

City

Florida

33634

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 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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

2001 SEP 16 PM 3  
SECRETARY OF STATE  
TALLMAN OFFICE

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SECRETARY OF STATE  
FALLING OFF

E. Effective date, if other than the date of filing: 09/12/2024 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

Dated September 12, 2024

Signature of a member or authorized representative of a member

Yosbel Rivero Alonso  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**