

## L24 0000 68626

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
suвјест: <u>5</u> <b>ф</b>	L 1 CONS Name of Limit	TRUCTION, LL ted Liability Company	<u>C.</u>
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	SABINO S	SANCHEZ CE Name of Person	Ja
	S # L 1	CONSTRUCTION Firm/Company	LLC.
		9 TH AUP Address	
	OCALA FL	City/State and Zip Code  797 D YA HOO. (0)  o be used for future annual report notifice	<del></del>
	SABINO SANCHE E-mail address: (to	<u>797 (C) YA HOO . (O</u> o be used for future annual report notific	ration)
For further information co	ncerning this matter, please ca		
SABINO S Name of	AUCILZ CESI	at (916) 275- Area Code Daytime	- 5833 Telephone Number
Enclosed is a check for the	e 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)

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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 _	02/07/2024 and assigned		
Florida document number <u>L 240 0006826</u>	and assigned		
Florida document number L & 100000 & e			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company l	nere:		
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)	20		
	24 0		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	္မာ္ မွ		
	<b>05</b>		
B. If amending the registered agent and/or registered office address on our agent and/or the new registered office address here:	records, enter the name of the new register		
agent and/or the new registered office address here:			
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	orida street address		
anter i i	enter runtaa sirvet aaaress		
City	, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	, -		
	s capacity. I further agree to comply with ti		

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>	Name	Address	Type of Action
AMBR	SABINO SANCHEL CESA	1434 SP. 9TH AUC G(AIA FI	\Add
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
C. Effective date, if other than the date of filing:
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 cord is filed.
Dated $12/05/2024$ .
Signature of a member or authorized representative of a member
SABIND SANCHEZ CEJA. Typed or printed name of signee

Filing Fee: \$25.00