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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: W	164 Construct Name of Lim	tor (group)	LLC	
	Amendment and fee(s) are sub			
riease return all correspo	ndence concerning this matter	Name of Person		
		Construction Firm/Company		
		Lakeside Dr. Address		
	Miramor, INFO E-mail address: (FL 33027 City/State and Zip Code Malcarp. Code to be used for future arrhual n	.b ₩ eport notification)	
For further information co	oncerning this matter, please c			
Kevin Name of	Lugo	at (<u>954</u>) Area Code	Daytime Teleph	SI D
Enclosed is a check for th	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encle		\$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

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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

	truction Group,	LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now ap Florida Limited Liability Compa	pears on our records.) ny)	
The Articles of Organization for this Limited Liab Florida document number <u>L2400068</u>		2/6/2024	and assigned
This amendment is submitted to amend the follow	ving:		
L. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," t	he designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	·	
(Principal office address MUST BE A STREET	ADDRESS)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Bo B. If amending the registered agent and/or reg agent and/or the new registered office address	gistered office address on ou	ır records, <u>enter the n</u> e	sme of the new registered
Name of New Registered Agent:	Jennifer	Lugo	
New Registered Office Address:	3450 LAKSIDE Enter	Drive Suite Florida street address	391
	MIRAMAR City	Florida _	33027
	City		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 siainies 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>	<u>Name</u>	Address	Type of Action
MGR	Kevin Lugo	3450 Lakesign Dr., Miramor, FL 3	33¢ 2> □Add
			CRemove
			□Change
			□Add
			□Remove
			□Change
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		· · · · · · · · · · · · · · · · · · ·	□ Remove
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(If an effe	re date, if other than the date of filing:
Note: 1	i the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
uocume	nt's effective date on the Department of State's records.
ha raasad	
ord is file	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 d.
Dated_	
	$\overline{0}$
	Signature of a member or authorized representative of a member Luco Typed or printed name of signee
	Signature of a member or duthorized representative of a member
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