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COVER LETTER

TO:

ro: Registration Sec Division of Corp	ction porations		
SUBJECT: Na	bara Cong Name of Lim	Struction Lind Liability Company	LC
The enclosed Articles of a	Amendment and fec(s) are sub	mitted for filing.	
	ndence concerning this matter		
	_Gustav	Name of Person	3
	MIXIN	Construction Firm/Company	on lu
	5360 Jae	eger Rd.	
	Naples, F	7. 34109 City/State and Zip Code	——————————————————————————————————————
	SUS @ !	PPCW. Com to be used for future annual report noti	lication)
For further information co	oncerning this matter, please co	all:	
GUSTAVO A	Person	at (<u>&2</u>) <u>500</u> Area Code Daytim	e Telephone Number
Enclosed is a check for th	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)
Mailing Address Registration S Division of Co P.O. Box 632	ection orporations 7	Street Address: Registration Sec Division of Cor The Centre of T	porations allahassee
Tallahassee, F	L 32314	2415 N. Monro	e Street Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HON LLC	·
	and assigned
company here:	
Company," the designation "LLC" or the abbrevi	ation "L.L.C."

	<u>.</u>
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<u> </u>	<u> </u>
::: ::::	<u> </u>
ress on our records, <u>enter the name of</u>	the new registered
··	
Enter Florida street address	
City 7	ip 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 Title Name <u>Address</u> Type of Action MGR lajestic Home. 5 11725 collier Blyd. Stc E DAGG ic Homes 11725 collier Blud Stet KADO Naples, Fr. 34116 TREMOVE _ □Add ____ ⊡Remove _____ □Add _____ □Remove _____ □Add ☐Remove _____ Change

both Marcstic Horres Bui	Iders Inc
and Gustavo Ramires	. \
Managing Members (MGR	`
THE THE THE PROPERTY OF THE PR	<u>-11)·</u>
	
	
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more to the date inserted in this block does not meet the applicable statutory filing re-	(optional) than 90 days after filing.) Pursuant to
ument's effective date on the Department of State's records.	
ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	he carlier of: (b) The 90th day a
d April 4/2024	
Gustavo Ramin Signature of a member or authorized representative of a	

Filing Fee: \$25.00