## L24000114803

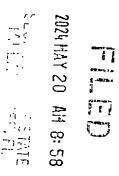
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## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Registration Se Division of Cor			
/:L:D.L:\		STRUCTION LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The encic	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ndence concerning this matter		
		MUHAMMAD RASHID		
			Name of Person	
		CENTRAL FLORIDA TA	X AND ACCOUNTING SERVIC	TES INC.
			Firm Company	<del></del>
		1322 N PINE HILLS RD.		
			Address	
		ORLANDO FL, 32808		
			City/State and Zip Code	
		RASHID@PROTAXHELP	.COM to be used for future annual report not	(hourian)
				meatory
For furth	er information c	oncerning this matter, please ca	311:	,
MUHAN	MMAD RASHII	)	407 298-3900 at ()	
	Nume o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>■</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration 5		<u>Street Address:</u> Registration Se	ection
	Division of C	orporations	Division of Co	rporations
	P.O. Box 632	7	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2024 HAY 20 AH 8: 58 NNT CONSTRUCTION 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  $\frac{03/06'2024}{2024}$ and assigned Florida document number \_\_L24000114803 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

## 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 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	Devindra D Jugdeo	2748 PYTHAGORAS CIR	■Add
		OCOEE, FL 34761	□Remove
			Change
			□Add
			Remove
			□Change
			□ Add
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Effective date, if other tha	n the date of filing:		(ontional)	
Note: If the date inserted in t	n the date of filing: te must be specific and cannot be his block does not meet the ap	pplicable statutory filing	ore than 90 days after filing.) Pu g requirements, this date will	rsuant to 605.0207 (3 I not be listed as th
document's effective date on	the Department of State's rec	ords.		
a record appoiling a dalayed of	fective date, but not an effecti	ive time, at 12:01 a.m. c	on the earlier of: (b) The 90	)th day after the
record specifies a delayed er				
d is filed.				
rd is filed.	2024			
rd is filed.	2024 \(\)	·		

Typed or printed name of signee