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Ta:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AV ACCOUNTING ASSOCIATES CORP

Account Number : I20220000141 Phone : (954)937-5905 Fax Number : (954) 208-0209

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CONSTRUCCIONES CFC USA LLC

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K. SALY JUN 1 1 2024

### COVER LETTER

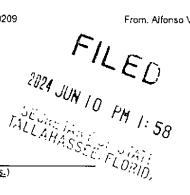
то:	Registration So Division of Cor			
SUBJE		OCCIONES CFC USA LLC		
O ( Da) E				
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
Name of Person				
			Firm/Company	
			Address	
			City/State and Zrp Code	
			to be used for future annual report nots	lication)
hor furth	er information c	oncerning this matter, please c		
Name of Person		at () Area Code Daytim	e Telephone Number	
Enclosed	d is a check for th	he following amount:		
<b>■ \$</b> 25,	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<ul> <li>\$60.00 Filing Fee,</li> <li>Certificate of Status &amp;</li> <li>Certified Copy</li> <li>(additional copy is enclosed)</li> </ul>

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**



CONSTRUCCIONES CFC USA 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 Florida document number 1.24000168092		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li-	mited liability company here:		
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC	C" or the abbreviation "L L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter</u> :	the name of the new registered	
Name of New Rogistered Agent:	74		
New Registered Office Address:			
	Enter Florida street addres:		
	, Florida		
	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 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.

19542080209

# If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANA M VELASQUEZ LONDON(	1525 N PARK DR SUITE 104	
		WESTON, PL 33326	Remove
		<del></del>	[]Change
MGR	ANDRES CALDERON	1525 N PARK DR SUITE 104	<b>=</b> Add
		WESTON, FL 33326	( Remove
			î Change
			□Add
	<u></u>		TALLAHI SSEE TLORIO
			☐ Change
			flAdd
			URemove
		<del></del>	□Change
			DAdd
	1		CRemove
			ClChange

Typed or printed name of signee

Signature of a member or authorized representative of a member

Dated \_\_\_

Andres Calderon

ANDRES CALDERON