## L24000233044

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### **COVER LETTER**

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

eum ie <i>c</i> t.	Franky's Co	intruction LLC		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	<i>F</i>	Name of Person		
	77011109	s construction LLC Firm/Company		
	10040 Hont	lego Buy Or.		
		, tual ess		
	Cutler Bay,	Fz. 33189		
	Serreiro	City/State and Zip Code  La 202 O (Cloud - Cor  to be used for future annual report notific	γ)	
For further information co	oncerning this matter, please co	all:	ation)	SECR TAL
Olga ,	Princi Person	a <sub>t</sub> (786) 635-9	9667	ETAR LAHA
Name of	f Person	all:  at (786) 635-9  Area Code Daytime 1	elephone Number	Y OF S
Enclosed is a check for th	ne following amount:			): 52 TATE FL
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Certificate of Certified Cot (additional cop	g Fee, of Status & opy
Mailing Addres		Street Address:		
Registration S Division of C		Registration Section Division of Corporation		

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

# 1111

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tranky's contruction LLC

( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp. Florida document number $\underline{L24000233048}$ .	oany were tiled on 05/20/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	liability company here:	
Tranky's construction to The new name must be distinguishable and contain the words "Limited L	LLC Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRESS	5)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	ice address on our records, enter the nar	SECURETARY OF ST
135 Winegistered Office Address.	Enter Florida street address	#ATE
	, Florida	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.

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
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			□Remove
		<del></del>	□Change
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			Remove
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			□ Change
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	<del></del>		□Add
			□ Remove
			□ Change

If amen	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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If an effective If an effective If	ASSEE F	
uocumei	s effective date on the Department of State's records.	
e record rd is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	ť
Dated _	10/31  Dank A. Serrar Drog  Signature of a member or authorized representative of a member	
	Frank A. Serrer Poy	
	Signature of a member or authorized representative of a member  Tounk A. Serrono Dici 2  Typed or printed name of signee	