

L24000257174

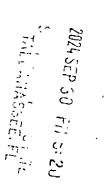
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PICK-UP	☐ WAIT	MAIL
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Sect Division of Corpo			
CHID IE	, . Ст.	H&C Gen	eral construction LL	<u>.</u> C
SUBJE	CI:		ted Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
		Hecto	or Zivera	
			Name of Person	
			Firm/Company	
		3911 W. GC	HDT CITCLE Address	
		cape (01)	U, FL 33909 City/State and Zip Code	
		- ا ا ا		
		E-mail address: (1	obdused for future annual report notification)	
For furt	her information cor	ncerning this matter, please ca	all:	
•••	Carolina		at (239) 834-117	
	Name of I	Person	Area Code Daytime Teleph	one Number
Enclose	ed is a check for the	following amount:		
S \$25	5.00 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:		Street Address:	
	Registration Se Division of Co		Registration Section Division of Corporation	ons
	P.O. Box 6327		The Centre of Tallaha	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	enercy construction		
(Name of the Limited Liability Cor (A Florida Limit	mpany as it now appears on our recorded Liability Company)	<u>s.</u>)	
The Articles of Organization for this Limited Liability Comparida document number <u>L24000257174</u> .	any were filed on 1/5 202	4	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	iability company here:		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			N.)
Principal office address MUST BE A STREET ADDRESS	2	- C	<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		LASSEE FLE	SEP 30 Pil 5: 20
B. If amending the registered agent and/or registered offingent and/or the new registered office address here:	ice address on our records, <u>enter</u>	the name o	f the new registered
Name of New Registered Agent:		_	
New Registered Office Address:	Enter Florida street addres	s	
	ជា	orida	
	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.

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	<u>Name</u>	Address	Type of Action
AMBR	Hector Divera	3911 W. Cocotor Circle, cape will FL 339	1 DAdd
			□Remove
			□Change
AMBR	audina linera	3911 W. Gettoi Circh, rape wra	J. DAdd
			□Remove
			□Change
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Note:	ive date, if other than the date of filing:
e recoi rd is fi	d 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 led.
Dated	September 19, 2024. Italy z. Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	$\frac{1}{1 + c + oR} $ Typed or printed name of signee

. . .