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COVER LETTER

Tallahassee, FL 32314

	Registration So Division of Cor			
CHBIC	Baycon Co			
SUBJEC	:1: <u> </u>		ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ref	turn all correspo	ondence concerning this matter	to the following:	
		Oswaldo Hernandez		
			Name of Person	
		Oswaldo Hernandez		
			Firm/Company	
		4036 Marina Isle Drive.		
			Address	
		Kissimmee, Florida, 34740	,	
			City/State and Zip Code	
		gbaycon19@gmail.com	to be used for future annual report	mark Carrier and
For furth	er information c	concerning this matter, please c	•	notification;
Oswaldo	Hernandez		678 851-071	8
	Name o	of Person	at () Area Code Da	vtime Telephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	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 Addre Registration		Street Address Registration	
	Division of C	Corporations	Division of	Corporations
	P.O. Box 632	27	The Centre of	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Baycon Construction		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	pany as it now appears on our records.) d Liability Company)	1
The Articles of Organization for this Limited Liability Compared Clorida document number $\frac{1.240002769813}{1.240002769813}$.	ny were filed on <u>6/18/2024</u>	and assigned
This amendment is submitted to amend the following:		. 232
A. If amending name, enter the new name of the limited list	ability company here:	17.
he new name must be distinguishable and contain the words "Limited Lis	ibility Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		<u></u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered offic gent and/or the new registered office address here:	e address on our records, <u>enter th</u>	ie name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		3.4
	, Flor	1da 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
mgr ————	Oswaldo Hernandez	4036 Marina Isle Drive	■Add
		Kissimmee	□Remove
		Florida, 34746	
			□Add
		<u> </u>	□Remove
			□ Change
			Remove
			Change
			□ Remove
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			\Add
			Remove
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(If an eff Note:	(option of the date of filing:	filing.) Pursuant to 605.0207 (3
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The OOth day after the
) The 90th day after the
ord is fi	filed. June 25	The min day and the
ord is fi	filed. d June 25 2024	The 90th day and the
ord is fi	filed. June 25	——————————————————————————————————————