L24000281929

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(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Nstructive Re	solution LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Jour	e Alexander	
		Name of Person	•
	CANStouch	ive Resolution L	-C
	CHIVOHACE	Firm/Company	
	2502_	NW 88th Ter.	
		Address	
	Coals	Social Fl 23145	
		Princy FL 3 3065 City/State and Zip Code	
	Canstructive	Resolution @ 9mg	ail.com
	E-mail address: (to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Δ		0.7	
Alex Alex	erson	at (<u>954</u>) 348 Area Code Daytime	Telephone Number
, value of		Thea dode Day	, coppose tomos.
Enclosed is a check for th	e following amount:		
☑\$25.00 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: 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

CANStructive Res	olution LLC		
(Name of the Limited Liability Compan (A Florida Limited La	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company vi Florida document number <u>L 24000281929</u> .	were filed on July 21, 2024 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C."		
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 adagent and/or the new registered office address here:	2502 NW 88 th Fer (oral Springs FL 33065) Idress on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
Enter Florida street address			
	, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	to act in this capacity. I further agree to comply with the reference of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this documents		

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
Mrs.	Joyce Alexander	2502 NW 88th Ter.	XIAdd
		2502 NW 88th Ter. Coral Springs, FL 33065	□Remove
			□ Change
			□Add
		<u> </u>	□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			2024 JUL 30 PM 4: 48 SECONT ARE OF SEATE TABLAHESSEEAL
			Denning OF SHALL
			□ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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Effective date, if other than the date of filing:	5.0207 (3)(b) ted as the
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ord is filed.	·····································
Dated July 23 . 2024	24 JUL 30 P
Signature of a member or authorized representative of a member	ι 🍱 ,
Alex Alexander Typed or printed name of signee	įω

Filing Fee: \$25.00