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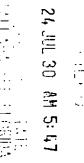
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## **COVER LETTER**

TO: Registration S Division of Co			
	CONSTRUCTION SERVICE	S LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALEJANDRO GALVEZ		
		Name of Person	
	MASTER OFFICE SERV	ICES	
		Firm/Company	<del></del>
	7169 UNIVERSITY BLV	D	
		Address	
	WINTER PARK, FL 3279	02	
		City/State and Zip Code	<del></del>
	MASTEROFFICETEAM@	GMAIL.COM to be used for future annual report noti	fication)
For further information	concerning this matter, please c		neutony
	concerning this matter, prease e		
CESAR MORENO		407 486-3553 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fcc	☐ \$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 Addr Registration Division of P.O. Box 63 Tallahassec	Section Corporations 327	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MORENO CONSTRUCTION SERVICES LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records Liability Company)	<u></u> )
(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 Company were filed on 06/24/2024 and assigned principal document number 1.24000284490  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation or the abb		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	H41 LEYLAND CT	
• • •	APOPKA, FL 32712	. ω
-		
Enter new mailing address, if applicable:	H41 LEYLAND CT	五 第 第 第
(Name of the Limited Liability Company (A Florida Limited I)  The Articles of Organization for this Limited Liability Company  Florida document number 1.24000284490  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabile 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 adgent and/or the new registered office address here:  Name of New Registered Agent:	APOPKA, FL 32712	
gent and/or the new registered office address here:  Name of New Registered Agent:	nddress on our records, enter  Enter Florida street address	
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		<u></u>	□Remove
			□Change
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fective date, if other than the neffective date is listed, the date muster. If the date inserted in this blument's effective date on the D	ock does not mee	t the applicable	22 <sup>nd</sup> 202 ate of filing or more estatutory filing r	(option than 90 days after frequirements, this	n <b>al)</b> iling.) Pursuant to 605 date will not be list	5.0207 ed as
ecord specifies a delayed effectivis filed.	e date, but not an	effective time.	at 12:01 a.m. on	the earlier of: (b)	The 90th day afte	r the
ted	1 _	2024				

Typed or printed name of signee