

(((H24000231869 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : RUBEN TORO PA Account Number : I20220000108 : (407)370-6445 Fax Number : (407)352-0568

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please **

Email Address: RUBENDTOROLPA@GNAIL-LON

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BIGFORCE CONSTRUCTION LLC**

Certificate of Status	0
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M. SOLOMON JUL - 9 2024

Tallahassee, FL 32314

COVER LETTER

TO: Registration S Division of Co				
	E CONSTRUCTION LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
·	ondence concerning this matter	•		
		RUBEN TORO		
		Name of Person		
RUBEN TORO P.A			2024 JUL	
Firm/Company				
7901 KINGSPOINTE PKWY STE 31		THASSEE.	8	
Address			3	
	C	ORLANDO, FLORIDA 32819	STAT	1:47
City/State and Zip Code				7
		rubendtorocpa@gmail.com		
		to be used for future annual report not	ification)	
For turther information of	concerning this matter, please c	ati:		
RUBEN TORO		407 370-6445 at.()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for t	he 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 Addres Registration S Division of C	Section	Street Address; Registration Se Division of Co.		
Division of Corporations P.O. Box 6327		The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BIGFORCE CONSTRUCTION I	LLC	
(Name of the Lim	ited Liability Company as it now an (A Florida Limited Liability Company	pears on our records.) by)	
The Articles of Organization for this Limited I Florida document number L24000289853	Liability Company were filed on	06/26/2024	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name (of the limited liability company	y here:	
The new name must be distinguishable and contain the	words "Limitod Liability Company," t	he designation "LLC" or the	c abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	·		
			<u> </u>
			EE. 7
Enter new mailing address, if applicable:	<u></u> .		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
			<u> </u>
B. If amending the registered agent and/or agent and/or the new registered office addresses		ır records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	MILAN STAKIC		
New Registered Office Address:	9001 DELLA SCALA CIR.		
THE ANGELOW AND A STREET OF TH	Enler	Florida street address	
	ORLANDO	, Florida	32836
	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 Changing Registered Agent, Signature of New Registered Agent

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_____ 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>	<u>Address</u>	Type of Action		
			☐ Change		
			Remove 2024		
			TARY CONTRACTOR		
			OF STATE Change		
			□Add		
			□Remove		
			☐ Change		
			□Add		
			□ Remove		
			□Remove		

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)