## L2400318038

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PICK-UP WAIT MAIL
(Business Entity Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor					
	STRUCTION GROUP LLC				
SUBJECT:	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	YANET CABRERA HOL	маснеа			
		Name of Person			
		W 40		707	3
	2910 37TH AVE NE	Firm/Company		154	84:01.48 6-130:48
		Address		; ;	، ور. -
	NAPLES, FL 34120			•	H 10:
	YANETCABRERA1986@			٠	. 48
For further information c	E-mail address: ( oncerning this matter, please c	to be used for future annual report notical:	fication)		
YANET CABRERA		813 812-9073			
Name o	f Person		e Telephone Number	<del></del>	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (	of Status &	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Sec Division of Cor	porations		
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 81	0	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RVY CONSTRUCTION GROUP LLC		
(Name of the Limited Liability Co (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number $\frac{1.24000318038}{1.24000318038}$ .	pany were filed on 07/17/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	202
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation .L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.		E
Enter new mailing address, if applicable:		<u>6</u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid:	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

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	ARIEL D. PEREZ FONSECA	5554 DOGWOOD WAY	<b>=</b> Add
		NAPLES, FL 34116	□Remove
			DC Change
		·	□Add \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 tote: If the date inserted in this block does not meet the applicable statutory filing requirent occurrent's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl lis filed.	lier of: (b) Th	e 90th da	ay after i	the
ated OCTOBER, 3 . 2024				
Signature of a member or authorized representative of a memb	er		_	
MANAGER				

Filing Fee: \$25.00