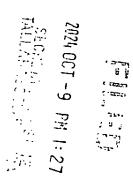
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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
TEAK DE	SIGN & CONSTRUCTION LI	.C	
SUBJECT:	SIGN & CONSTRUCTION LI	ited Liability Company	
	Name of the	med Emonity Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CESAR T RODRIGUEZ I	RODRIGUEZ	
		Name of Person	
		Firm/Company	
·		, , , , , , , , , , , , , , , , , , ,	
	1625 PARK SIDE AVE		
		Address	
	KINDRED, FL 34744		
		City/State and Zip Code	
	teakdesignco@outlook.com		
	E-mail address: (to be used for future annual report	notification)
For further information of	concerning this matter, please c	all:	
CESAR T RODRIGUEZ	Z RODRIGUEZ	929 5827611	
Name of Person		at () Area Code Day	rtime Telephone Number
		·	
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Enclosed is a check for t	-		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
	Comment of Childs	(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)
Mailing Addres	ss:	Street Address	:
Registration Section		Registration	
Division of C		Division of C	Corporations
P.O. Box 632	27	The Centre o	of Tallahassee

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TEAK DESIGN & CONSTRUCT	ON LLC		i ~
(Name of the Limi	ted Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	124 00 124 00
The Articles of Organization for this Limited L	iability Company	were filed on 08/16/2024	andiassigned
Florida document number L24000359687	·		(S) 9 3
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name of	f the limited ligh	pility company here:	27 188
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applie	able:	1625 Poirk si	de Ave.
(Principal office address MUST BE A STREE	ET ADDRESS)	Kindred, F	L 34744
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	1625 Park Si Kindred, Fl	de Ave. 34744
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:	JAIRO V VILI	ATE GONZALEZ	
New Registered Office Address:	1625 PARK SI	DE AVE	
		Enter Florida street address	
	KINDRED	, Floric	da <u>34744</u>
		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

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
MANAG	JAIRO V VILLATE GONZALEZ	7465 STONE CREEK TRAIL KISSIMMEE, F	—
			=n
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f an effe <mark>Note:</mark>	te date, if other than the date of filing:
record d is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	Ottober 4. 2024
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00