## L24000392400

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10/02/24--01022--004 \*\*25.00

FILED 2024 00: -2 File: 10

## **COVER LETTER**

	TRUCCION LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.	
Please return all correspone	dence concerning this matter	to the following:	
	Marlon Fernandez		
	•	Name of Person	<del> </del>
		Firm/Company	
	958 Magellan Or		
		Address	
	Sarasota FL 34234		
	marlonfsolisest@gmail.com	City/State and Zip Code to be used for future annual repu	
For further information cor	e-man address: ()		n nouncation)
Marlon Fernandez		941 524-54 at ()	78
Name of I	Person	Area Code [	Daytime Telephone Number
Enclosed is a check for the	following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &
<b></b>		Ca	

Mailing Address:

Registration Section
Division of Corporations

TO:

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

2024 OC -2 PH 4: 13

## MYC CONSTRUCCION LLC

(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 Com-	npany were filed on	and assigned
Florida document number L24000392600		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
MYC CONSTRUCTION LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:  Name of New Registered Agent:	ffice address on our records, <u>ente</u>	er the name of the new registered
THIN OF HEW REGISTERS TREET.		
New Registered Office Address:	Enter Florida street addr	wee -
	, I	Florida Zip Code
N. D. Le Lin D. Ct. et al. Ch. D. data and A.	·	s.p Cone
New Registered Agent's Signature, if changing Registered A		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my duties, nt as provided for in Chapter 605	and I am familiar with and 5, F.S. Or, if this document is

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
			□Add
		<del> </del>	Remove
			□ Change
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			□Add
			□ Remove
			☐ Change
			□ Add
			□Remove
		<del></del>	□ Change
	······································		□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			☐ Change

an effect lote: If	e date, if other than the date of filing:
	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.
l is filed	
	··
d is filed Pated	

. .

Filing Fee: \$25.00