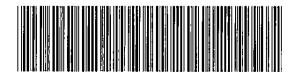
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COVER LETTER

FO: Registration Se Division of Cor			
Ro	DALE CONSTRUC	CTION LLE.	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please ruturn all correspo	ndence concerning this matter	to the following:	
		RODOLFO BENZ	ECRÍ
	RODALE	CONSTIUCTON Firm/Company	ue.
	2920	FLORA RIDGE CIK	? APTH. 433
	Kiss	City/State and Zip Code	74/.
		FPLUS (D) YAHOO. C	
For further information of	oncerning this matter, please co		,
RODOY	O BENZECRI	at (<u>407</u>) <u>541</u> - 0	9305
Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for t	he following amount:		
\$25,00 Filing Fee	S30.00 Filing Fc. & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u> Registration		Street Address: Registration Se	ection
Division of C		Division of Co	erorations
P.O. Box 632		The Centre of	Tallahassee be Street, Suite 810
Tallahassee,	ヒレ つくさ 14	2415 N. MORIO	r, butch butto oro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RODALE	CONSTRU	ICTION LL	e.			
(Name of the Conited L.	iability Company a Jorida Limited Liab	as it now appears on ou they Company)	r records.			
The Articles of Organization for this Limited Liabil Torida document number <u>L 24000 39</u>	lity Company we	re filed on <u>09</u> /	12/2024	and as	signed	
has amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabilit	v company here:				
the new name must be distinguishable and contain the words	"Ulimited Liability	Company " the designati	on "LLC" or the abbi	eviation "L	L.C	
		·				
Enter new principal offices address, if applicable				<u>(^)</u>	70	_
(Principal office address MUST BE A STREET A	(DDRESS)			문화	<u> </u>	
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE BO</u>	- - <u>-</u> - -			LAHASSEE FL	DEC 12 PH 3: 38	
B. If amending the registered agent and/or regi- agent and/or the new registered office address h	stered office add	dress on our record	s, <u>enter the name</u>	of the n	ew reg	<u>isterec</u>
Name of New Registered Agent:	ALEXI	s E. FON	SECA			
New Registered Office Address:		Emer Florid.: ar	ect address			—-
			, Florida	Zip Cod	·- 	
		Cuy		Zip Cod	.*	

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 Agen. 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>	Name	Address	Type of Action
			DDA 🗆
			☐Removs
			Change
			[]Remove
			□ Change
			□Add
		□Remove	
			Change
<u>.</u>			□ Add
	•		□Remove
			☐ Change
			□Add
			□Remove
			□Change
51 7 31 .			□Add
			TRemove
			Change

	PLEASE CORRECT THE NAME OF REGISTERED
	AGENT AS FOLLOWS:
	FONSECA, ALEXIS E.
	Vote:
	His FORMER NAME "FONSECA, ALEXIS M. WAS.
	Note: His FORMER NAME "FONSECA, ALEXIS M." WAS. WRONG (TYPE WRITING ERROR).
•	
_	
Sole .	c date, if other than the date o. filing:
e rec The	rd specifies a delayed effective date, but not an effective time, at $12:01\mathrm{a.m.}$ on the earlier 0 th day after the record is filed.
ered_	10/16/2024. (Persecut)
	Signature of a member or authorized representative of a rember
	RODOLFO J. BENZECKI

Page 3 of 3

Filing Fee: \$25.00