

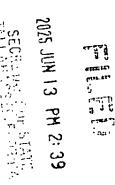
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Lacinese Lini, Hame,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600452514306

0.18/20 HE1210H 004 (44/5.61





COVER LETTER

SUBJECT:		ES MANAGEMENT AND CO	NSULTING SERVICES, LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		CARLOS E. JOSE				
	Name of Person					
FACILITIES MANAGEMENT AND CONSULTING SERVICES. LLC				CES, LLC		
			Firm/Company			
		16125 KINGSMOOR WAY				
		Address				
		MIAMI LAKES, FL 33014				
		City/State and Zip Code				
		E-mail address: (to be used for future annual report notific	cation)		
For further is	nformation c	oncerning this matter, please ea	ali:			
CARLOS E	JOSE		305 984-6377			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed is a	a check for th	ne following amount:				
≡ \$25.00 I	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)		
	iling Addres		<u>Street Address:</u> Registration Sect	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

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

FACILITIES MANAGEMENT AND CONSULTING SERVICES, 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 Company were filed on $\frac{10/09/2024}{1000}$ and assigned Florida document number 1.24000434487 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FACILITIES MANAGEMENT AND CONSTRUCTION, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cin

. Florida

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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			⊡Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Chance

	
	
Effective date.	if other than the date of filing:
If an effective date Note: If the date	is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 is inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a crive date on the Department of State's records.
e record specifies and is filled.	s a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	69 2025
Dated	
	Consider & Coef
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee