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2024 OCT 28 PH 3: UI SECRETARY OF STATE

CUYER LETTER

TO: Registration S Division of Co				
CONSTRU	J. SUPPLY SOLUTIONS, LLC	2.		
SUBJECT:	Name of Lim	nited Liability Company	 	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspondent	ondence concerning this matter	to the following:		
	Juan F. Andonie			
		Name of Person		
	Constru. Supply Solutions.	, LLC.		
		Firm/Company		
	999 Brickell Ave. Apt. #4	11		
		Address		
	Miami, FL 33131			
		City/State and Zip Code		
	silvia.t@construsupplysolut			
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Silvia Torres		786 286-3799		
Name of Person			· Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addre Registration Division of C	Section Corporations	Street Address: Registration Seconds of Cor	porations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Constru. Supply Solutions, LLC.			
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears or ed Liability Company)	n our records.)	
The Articles of Organization for this Limited Liability Compa Florida document number 1.24000435601			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	ability company here:		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		~:0	70
		- G	2
Enter new mailing address, if applicable:		HILL HILLS H	F11.E
Mailing address MAY BE A POST OFFICE BOX)			3
			_ 3.
B. If amending the registered agent and/or registered office igent and/or the new registered office address here:	address on our recor	ds, <u>enter the name o</u>	f the new register
Name of New Registered Agent:	·		_
New Registered Office Address:			
- <u></u>	Enter Florida su	reet address	
		Florida	
	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 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	Juan F. Andonie	999 Brickell Ave.	≡ Add
		Apt. 411	
		Miami, FL 33131	
			□Add
			🗆 Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□Remove
			☐ Change
			🗋 Remove
			□Change
			□Remove
			□Change

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Effective date if other than the	late of filing.				
Effective date, if other than the date must Mote: If the date inserted in this bloodocument's effective date on the Dep	ak does not meet in:	e applicable statu	filing or more than 9 story filing require	(optional) 0 days after filing.) P ments, this date wi	ursuant to 605,0207 (If not be listed as t
e record specifies a delayed effective rd is filed.	date, but not an effe	ective time, at 12	:01 a.m. on the ea	rlier of: (b) The 9	Oth day after the
	2024	!			
October 23rd Dated	——· —	 ·			
Dated	lama		 -		
Dated	lenature of a member	or authorized repr	esentative of a mem	her	