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## **COVER LETTER**

Registration Section

TO:

Division of Cor	porations		
. PALACIOS SUBJECT:	CONSTRUCTION SOLUTION	ONS LLC	
NUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	EDUARDO PALACIOS		
		Name of Person	
	PALACIOS SOLUTIONS	CONSTRUCTION LLC	
		Firm/Company	
	3524 DAWN AVE		
		Address	
	KISSIMMEE FLORIDA	34744	
		City/State and Zip Code	
	PROSOLUTIONS1221@G		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
SONIA RODRIGUEZ		321 370-8215 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 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)
Mailing Addres Registration S	<del></del>	<u>Street Address:</u> Registration Se	ection
Division of C	•	Division of Co	•
P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALACIOS CONSTRUCTION SOLUTIONS 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  $\frac{06/03/2025}{}$ and assigned Florida document number L25000260541 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PALACIOS SOLUTIONS CONSTRUCTION LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C" 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: EDUARDO PALACIÓS Name of New Registered Agent: 3524 DAWN AVE 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.

KISSIMMEE

If Changing Registered Agent, Signature of New Registered Agent

\_, Florida <sup>34744</sup> Zip Code 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 =	Manas	er			
AMRR =	: Autho	rized Mem	her		

Title	Name	Address	Type of Action
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effecti	ve date is listed,	the date mu	st be specific a	nd cannot be	prior to date of	filing or more th	ian 90 days afte	r filing.) Pursuar is date will not	it to 605.0207 he listed as
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