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COVER LETTER

TO:	Registration Se Division of Cor				
SHRIGA		CONSTRUCTION LLC			
SUBJECT:Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		JULIA KIM			
			Name of Person		
	MOMENTUM TAX ACCOUNTING & CONSULTING LLC				
	Firm/Company				
	6996 PIAZZA GRANDE AVE #202 Address				
		ORLANDO, FL 32835			
			City/State and Zip Code		
		JULIA.MAI@MOMENTU			
		E-mail address: (to be used for future annual report notif	ication)	
For furth	ner information co	oncerning this matter, please ca	all:		
JEFERSON DOS SANTOS		407 440-427-077	76		
	Name o	f Person	Area Code Daytime	e Telephone Number	
Enclose	d 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 ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JEFF USA CONSTRUCTION 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 02/09/2018 and assigned Florida document number <u>L18000036481</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 4760 WALDEN CIRCLE #518 Enter new principal offices address, if applicable: ORLANDO, FL 32811 (Principal office address MUST BE A STREET ADDRESS) 4760 WALDEN CIRCLE #518 Enter new mailing address, if applicable: ORLANDO, FL 32811 (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 Florida

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.

City

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
AMBR	JEFERSON DOS SANTOS	4760 WALDEN CIRCLE #518	
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CC - Alice Jake 16 Alice Alice Alice Jake of Cilinary	(optional)
ffective date, if other than the date of filing: an effective 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
Note: If the date inserted in this block does not meet the applicable statt locument's effective date on the Department of State's records.	utory filing requirements, this date will not be listed a
locument s'effective date on the Department of State's records.	
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Typed or printed name of signee

Filing Fee: \$25.00