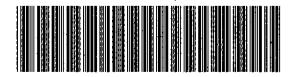
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(Requestor's Name)					
(Address)					
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(Cit	y/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
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Certified Copies	Certificates of Status				
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ZOON SEP 26 PM 4:27
SECRETARY OF STATE.

D. BRUCE

SEP 29 2008

EXAMINER

COVER LETTER

Division of Corp							
SUBJECT: COVER	CONSTRUCTION	GROUP, L.L.C.			Ð		
		ited Liability Company)			_		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspon	ndence concerning this matter	to the following:					
	BRAMDOM ALLEN						
		(Name of Person)					
COVER CONSTRUCTION GROUP, L.L.C.							
		(Firm/Company)					
601 N. E. 36th Street; Apt #2412							
(Address)							
				AE 28			
	8 SI CRE	er.					
		(City/State and Zip Code)		F AZZ			
				RY SE			
For further information co	oncerning this matter, please c	all:		PH EFF			
BRANDON ALLEN		at (888) 538-5559		2008 SEP 26 PM 4:2 SECRETARY OF STATE ALLAHASSEE, FLORID	U		
	(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for th	e following amount:						
□ \$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	[7]\$60.00 E;	ling Fee			
4 \$25.00 Filling FCC	Certificate of Status Certified Copy		☑\$60.00 Filing Fee, Certificate of Status &				
(additional copy is enclosed) Certifi				ed Copy			
			(additio	nal copy is enclose	:0)		

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

COVER CONSTRUCT					
(Name of the Limited	A Florida Limited I	ny as <mark>it now appears on our re</mark> Liability Company)	<u>xorus,</u> j		
The Articles of Organization for this Limited L	iability Company	were filed on 8-11-08	and assigned		
Florida document number L06000079415	<u>.</u>				
This amendment is submitted to amend the following	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
N/A					
The new name must be distinguishable and end wi"L.L.C."	th the words "Limi	ited Liability Company," the de	signation "LLC" or the abbreviation		
Enter new principal offices address, if applic	cable:	601 N.E. 31TH STREET;	APT. #2412 APT.		
(Principal office address MUST BE A STRE)	ET ADDRESS)	Miami, Florida 33137	SEP AHAS		
			SZO N		
			MO T		
Enter new mailing address, if applicable:		P. O. Box 31-612	FF ST		
(Mailing address MAY BE A POST OFFICE BOX)		Miami, Florida 33231	RAT N		
B. If amending the registered agent and registered agent and/or the new registered of	~		ls, enter the name of the new		
Name of New Registered Agent:	Brandon Allen	<u> </u>			
New Registered Office Address:	601 N.E. 36th Street; Apt# 2412				
	(Enter Florida street address)				
Miami		, Florida 33137			
	• • • • • • • • • • • • • • • • • • • •	(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 608, 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 Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager' MGRM = Managing Member **Type of Action** Title Title Address <u>Name</u> MGR Laszlo Fazekas 6532 Miami Lakes **₫** Add Miami Lakes, Florida33014 ■ Remove **∄** Add ☐ Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) N/A Dated June 24, Signature of a member or authorized representative of a member **Brandon Allen** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00