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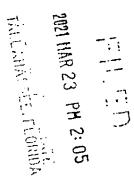
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## **COVER LETTER**

TO: Registration Section Division of Corpora	ations			
SUBJECT: DEE	ERE CONS	5TRUCTION	LLC	
SUBJECT.	Name of Limi	ited Liability Company		
The enclosed Articles of Ame	endment and fee(s) are sub-	mitted for filing.		
Please return all corresponder	nce concerning this matter	to the following:		
_	Robert	O PERE	=7=	
		Name of Person		
-	DEERE	CONSTRUCT Firm/Company	MON LU	
	4601 51	N 71 AV	<u> </u>	
	MIAMI	TZ City/State and Zip Code	33155	
_	E-mail address! (1	o be used for future annual	report notification)	m
For further information conce	erning this matter, please ca	all:		
Rober to Name of Per	Perez	a1 ( <u>786</u> ) <u>C</u> Area Code	Daytime Telephon	Number
Enclosed is a check for the fo	dlowing amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc		60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address: Registration Sect Division of Corp P.O. Box 6327 Tallahassee, FL	orations	Divisio The Cer 2415 N	ddress: ation Section n of Corporation ntre of Tallahass . Monroe Street, ssee, FL 32303	ee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEERE CON	struction icc
(Name of the Limited Liability Comp	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>LO5 ○○○○ い</u> りを	y were filed on 0110 2005 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4601 SW 71 AVE
(Principal office address MUST BE A STREET ADDRESS)	MISM! TO 33155
Enter new mailing address, if applicable:	4601 SW 71 AVE
(Mailing address MAY BE A POST OFFICE BOX)	MIAMI TL 33150
	address on our records. enter the name of themew registered
agent and/or the new registered office address here:	100. 2:
Name of New Registered Agent:	BERTO PEREZ S. S.
New Registered Office Address:	
MIA	
New Registered Agent's Signature, if changing Registered Agent	City Zip Code
<del>- :</del>	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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 Type of Action <u>Address</u> Title Name WEM Ryan J. Prendes 5711 Michelange o St. DAdd
CORDI GARLES, FL 33146 PRend □Change  $\square$ Add □Remove Change Remove hange  $\square$ Add □Remove □ Change  $\square$ Add □Remove □ Change  $\square$ Add □Remove

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ffective date, if other than an effective date is listed, the dat lote: If the date inserted in the ocument's effective date on t	te must be specific and cannot basis block does not meet the	applicable statutory f	n more than 90 days aff	<b>tional)</b> ler filing.) Pu his date wil	rsuant to 60 I not be li	05.020' sted as
record specifies a delayed eff l is filed.	fective date, but not an effec	etive time, at 12:01 a.	m, on the earlier of	(b) The 90	)th day af	ter the
pated 04/10	Signature of a member of	2	tive of a member	2		
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Filing Fee: \$25.00