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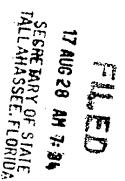
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COVER LETTER

ro:		ration Secon of Corp			
eun u	יריזי.	CAS CON	TRACTORS, LLC		
SUBJE	.C.I;		Name of Limi	ted Liability Company	
The end	closed A	rticles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please i	return al	l correspor	ndence concerning this matter t	o the following:	
				Abdel Karim AYOUB	
				Name of Person	
			C	CAS Contractors, LLC	
				Finn/Company	
			CAS Contractors, LLC Finn/Company 3155NW 82ND Avenue, Suite 102 Address Miami, FL 33122 City/State and Zip Code ayoubabdelk@gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: 305 at (
				Address	
				Miami, FL 33122	
				· ·	<u> </u>
			E-mail address: ()		ification)
For fur	ther info	ormation co	·	•	
Amina	Ayoub				
		Name o	f Person		nc Telephone Number
Enclos	ed is a c	check for th	e following amount:		·
_	5.00 Fil		□ \$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)
	AUG -3 PHIP: #3	MAIL Registr Divisio P.O/B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COUR Registration Sect Division of Corp Clifton Building 2661 Executive C Tallahassee, FL 3	orations Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAS Contractors, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appear I Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Compar	y were filed on	11/14/2005	and assigned
Florida document number L05000109953			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability company h	ere:	
The new name must be distinguishable and contain the words "Limited Lia	hility Company," the	designation "LLC" or the a	bbreviation "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 registered agent and/or the new registered office address h		n our records, <u>ente</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			SS AND PLANTED TO THE PARTY OF
	Enter Flo	orida street address	100 3 Pm
	City	Florida _	Provde
New Registered Agent's Signature, if changing Registered Age	nt:		DE ST

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 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
MGR	AYOUB, Abdelkareem	3155 NW 82nd Ave, Suite 102	Add
		Miami, FL 33122	≡ Remove
			☐ Change
MGR	AYOUB, Abdel Karim	3155NW 82nd Ave, Suite 102	Add
		Miami, FL 33122	□ Remove
		<u> </u>	☐ Change
			□ Add
			☐ Remove
			El Add
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11 771			□ Add
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	07/31/2017			
Effect (If an ef	ive date, if other than the date of filing: (optional) fective 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 605.0	207 (3)
Mute:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date nent's effective date on the Department of State's records.	will not b	e listed	as the
	·			
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. 90th day after the record is filed.	on the (earlie	r of:
•	1/2/10			
Dated	- July 31 DIA Const			
	South.			
	Signature of a member or authorized representative of a member		_	
	Abdel Karim AYOUB			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00