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COVER LETTER

		istration Sec sion of Corp								
CUDUC		ALLIANCE	RECONSTRUCTION LLC							
SUBJEC	.1:	-	Name of Limi	ted Liabil	ity Compan	y				
The enclo	osed	Articles of A	Amendment and fee(s) are sub-	mitted for	r filing.					
Please re	turn	all correspor	ndence concerning this matter	to the fol	lowing:					
			JOSEPH GALANTE							
			-	Nar	me of Perso	1	·			
			ALLIANCE RECONSTRU	JCTION	LLC					
				Fir	rn/Company	•				
			3601 N DIXIE HWY STI	El						
			•		Address					
			BOCA RATON, FL 33431							
			ROBINDOUGLAS@YAH		ate and Zip (ode.	-			
			E-mail address: (io be used	for future ar	mual report notifi	cation)			
For furth	er in	formation co	oncerning this matter, please ca	all:						
JOSEPH	I GA	LANTE		aı	561 t (427-7800		9		40
		Name of	Person		Area Code	Daytime	Telephone Nu	mber	<u>-</u>	(1)
Enclosed	l is a	check for the	e following amount:						. ; —	**************************************
		iling Fee	S30.00 Filing Fee & Certificate of Status	C	5.00 Filing ertified Cop Iditional copy)y	Cert Cert	00 Filing Fee ificate of Sta ified Copy 5 ional copy is a	itus &	J
	Reg Div P.O	ling Address gistration S rision of Co J. Box 632 Jahassee, F	ection orporations 7		Reg Div The 241	get Address: gistration Secvision of Corpe Centre of Ta 5 N. Monroe lahassee, FL	orations Illahassee Street, Sui	te 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 05/08/2009	and assigned
lorida document number 1.09000044880	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability company here:	
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	···
	6.4
i. If amending the registered agent and/or registered office address on our records, enter the na gent and/or the new registered office address here:	
	٤
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	<u></u>
	A
. 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.

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
MBR	ROBIN OKON	3601 N DIXIE HWY STE I	□Add
		BOCA RATON, FL 33431	■ Remove
			Change
			Remove
			□Change
			□ Add
			□Remove
			Change
			Add .*
			Add . ☐ Remove ☐ Change
			□Add
			□Remove
			~
			
			□Change

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. If amending any other information, enter change(s) here: (Attach additional	, ,
. Effective date, if other than the date of filing:	/
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more Note: If the date inserted in this block does not meet the applicable statutory filing re	than 90 days after filing.) Pursuant to 605,0207 (2 equirements, this date will not be listed as th
document's effective date on the Department of State's records.	- Lu
the record specifies a delayed effective date, but not an effective time	
The 90th day after the record is filed.	T: 24
	24
Dated	
Signature of a member or authorized representative of a	a mambar
	a ne mos
JOSEPH GALANTE Typed or printed name of signee	

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Filing Fee: \$25.00