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(Requestor's Name)							
(Address)							
,							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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K. SALY EXAMINER APR 8 2011

COVER LETTER

	gistration Sec vision of Corp					
SUBJECT:		+ N CO.	NSTRV	CT, LL	۲.	
		Name o	f Limited Liabili	ity Company		
The enclosed	d Articles of A	mendment and fee(s)	ire submitted for	filing.		
Please return	ı all correspon	dence concerning this	matter to the foll	lowing:		
		NI	su /	MAY ne of Person USTRUCT		
		0.0 4	Nam	ne of Person		
	•	/VI &	NCON	ISTRUCT	•	
			Firm	n/Company		
		4037	525	s7		
		Plan	ta tive	s7 Address	3317	
		• •		e and Zip Code OTMa; or future annual report		<u> </u>
For further in	nformation co	ncerning this matter, p		or ruture annuar report	nouncation	
1	1656	MA		94 200	00025	
/ -	Name of	Person	at	954, 288 Area Code & D	aytime Telepho	one Number
Enclosed is a	a check for the	following amount:				
\$25.00 F	iling Fee	\$30.00 Filing Fee Certificate of Sta	itus Ce	00 Filing Fee & rtified Copy Iditional copy is enc		\$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

FILE

CONSTRUCT, LLC. SECNITARY OF STATE Liability Company as it now appears on our records.) LAHASSEE, ELORIDATE CONTROL COMPANY. 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "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 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 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 **Title Address** Type of Action MGR Jason Da Costa 40375WSS7 Add Plantstry, FL 37317 Remove ☐ Add ☐ Remove Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated __ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00