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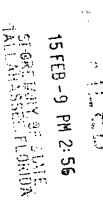
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COVER LETTER

	gistration Sect vision of Corp		
SUBJECT:	Central C	onstruction Group,LLC	
SUBJECT:		Name of Limited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are submitted for filing.	
Please return	n all correspon	dence concerning this matter to the following:	
		fernandezrene04@hotmail.com	
		Name of Person	
		Rene J. Fernandez	
		Firm/Company	
		Central Construction Group,LLC	
		Address	-
		561 Sw 2nd St Apt. 105	
		City/State and Zip Code	
		Miami , Fl.33130	
		E-mail address: (to be used for future annual	report notification)
For further i	information coi	ncerning this matter, please call:	
Rene J.	Fernandez	305 40	9-9868
	Name of I		Daytime Telephone Number
Enclosed is	a check for the	following amount:	
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enc	Certificate of Status &

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

Central Construction Group, LLC (Name of the Limited Liability Compa (A Florida Limited I	nny as it now appears on our records.)		
(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on November 2, 201	1 and ass	igned
Florida document number 1 1/000124654			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or th	ne abbreviation "l	"L.C."
Enter new principal offices address, if applicable:	561 SW 2nd St. Apt . #105		
(Principal office address MUST BE A STREET ADDRESS)	Miami FI,33130		
Enter new mailing address, if applicable:	561 SW 2nd St. Apt. # 105		
(Mailing address MAY BE A POST OFFICE BOX)	Miami, Fl. 33130		
		· 	
B. I f a mending t he reg istered a gent a nd/or r egistered o	ffice a ddress o n o ur reco rds, e <u>n t</u>	er the name	of the n
registered agent and/or the new registered office address her	<u>e</u> :		
Name of New Registered Agent:		又の ユ	
		5 万 万 万	*
New Registered Office Address:	Enter Florida street address	2051 1	
	, Florida	<u> </u>	
	City	Zip Carde	(
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>	5.5 5.5 5.5	Target .
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ree to act in this capacity. I further	agree to comp	oly with t

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Fernando A.Clemente	4165 Pine Ridge Ln	☐ Add
		Weston ,Fl .33331	Remove
			☐ Remove
			
			Remove
			Romove
			-9 PB 117
			Addi No.
			□ Add
			☐ Remove

tive date, if other than the dat	e of filing:	(optional)
etive date, if other than the dat fective date must be specific, cannot be ate this document is filed by the Florida	te of filing: e prior to date of receipt or filed date and cannot be Department of State)	(optional) be more than 90 days after
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	Department of State)	(optional) be more than 90 days after
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Page 3 of 3

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