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DEPARTMENT OF STALL

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COVER LETTER

Div	asion of Cor	porations &		•	
SUBJECT:		EST RECONSTRUCTION, L	LC.		
SUBJECT.		Name of Lim	ited Liability Company		
	•				
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		JAMES DAVIS			
			Name of Person		
		UNITED CRS			
Firm/Company					
327 HOLLOW CREEK LN			1		
			Address	.	
		HAVANA, FL 32333			
	,	City/State and Zip Code			
		cc@unitedcrs.com			
		E-mail address: (1	to be used for future annual report n	otification)	
For further in	nformation co	oncerning this matter, please ca	all:		
JAMES DA	VIS		850 322-7117 at ()		
	Name of	Person		me Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	Filing Fee	□ \$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)	

TO:

Registration Section

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

EAST & WEST RECONSTRUCTION, LLC			
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our records</mark> Liability Company))	
The Articles of Organization for this Limited Liability Company	were filed on <u>5/29/2012</u>	and assigned	
Florida document number L12000071766			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC"	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1421 SW 12TH AVENUE STE	. c	
(Principal office address MUST BE A STREET ADDRESS)	POMPANO BEACH, FL 33069)	
Enter new mailing address, if applicable:	1421 SW 12TH AVENUE STE	. C	
(Mailing address MAY BE A POST OFFICE BOX)	POMPANO BEACH, FL 33069		
			
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		, enter the name of the ne	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
		rida 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 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, <u>enter the title, name, and address of each person being added</u> <u>or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
 			☐ Add
			☐ Remove
·			☐ Change
			Add
	•	<u></u>	□ Remove
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	be specific and cannot be prior to date ck does not meet the applicable st	of filing or more than 90 days aft		
record specifies a delayed	effective date, but not an order is filed.	effective time, at 12:01	a.m. on the ea	arlier o
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Filing Fee: \$25.00