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COVER LETTER

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TO:	Registration S Division of Co				
OLIDAN		ONSTRUCTION, LLC			
SUBJE	:C1:	Name of Lim	ited Liability Company		
The end	closed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please 1	return all corresp	condence concerning this matter	to the following:		
			Dominga Rivera		
		· · · · · · · · · · · · · · · · · · ·	Name of Person		
		A	HS CONSTRUCTION, LLC		
			Firm/Company	= 100	
			12895 SW 132 St Ste 202	O NAY	
			Address	် ကို	=
			Miami, FL 33186	第一 3 第二	FILED
			City/State and Zip Code		<i>ل</i> ا :
			ivera@ahsdevelopment.com		
For fire	ther information	E-mail address: (concerning this matter, please c	to be used for future annual report notif	ication)	
		concerning this matter, piease e			
Domin	ga Rivera		305 255-5527 at ()		
	Name	of Person	Area Code Daytime	e Telephone Number	
Enclose	ed is a check for	the following amount:			
\$25	5.00 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)	
	Regis Divis P.O.	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations nter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	AHS CONSTI	RUCTION, LLC				
(Name of the Limit	ed Liability Compa: (A Florida Limited I	ny as it now appears on our records. .iability Company))			
The Articles of Organization for this Limited Li	iability Company	were filed on November 1, 2012	and assigned			
Florida document number L12000139156	 •					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name of	f the limited liabi	ility company here:				
N/A						
The new name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."			
Enter new principal offices address, if applic	able:	N/A				
Principal office address MUST BE A STREE	T ADDRESS)					
			<u> </u>			
Enter new mailing address, if applicable:		N/A				
Mailing address MAY BE A POST OFFICE	BOX)		(A) (A) (A)			
						
			<u> </u>			
B. If amending the registered agent and/ registered agent and/or the new registered of		-	enter the name of the r			
Name of New Registered Agent:	N/A					
New Registered Office Address:	N/A					
	Enter Florida street address					
		, Flor				
		City	Zip Code			

New Registered Agent's Signature, if changing Registered Agent:

7

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>	Name	Address	Type of Action
CFO	CARLOS E GONZALEZ	12895 SW 132 St202. Miami, FL 33166) ■ Add
			□ Remove
			Change
		 	Remove
			Change
· · · · · · · · · · · · · · · · · · ·			TALLO BANK
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	cifies a delayed by after the rec			ot an effec	ctive time, a	t 12:01 a .n	n. on the	earli
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Filing Fee: \$25.00