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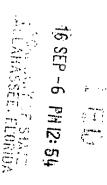
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COVER LETTER

TO:	Registration Section Division of Corpo		Arrest Control of the	and the state of t	
SUBJI	ECT:	Strong Const	nuction LLC ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The en	nclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
		Francisco Ca	rdinas Name of Person		
		String Cor	nstruction UC	·	
		1656 Heir	Man Arc Address		
			FL , 33905 City/State and Zip Code	······································	
		Strong E-mail address (Constagnail. Con to be used for further annual report notifi	Cation)	
For fu	rther information con	cerning this matter, please ca		1	
Fra	INCISED (A	rdenas erson	at (239) 225 · 5 Area Code Daytime	420 / 239-243 Telephone Number	5.2285
Enclos	sed is a check for the	following amount:			
□ \$2	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)	,

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

ability Company as it now appears on our records.)
lorida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 contain 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida City

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>	<u>Address</u>	Type of Action
resident	Angelica Garila	1656 Heiman Ave	D Add
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ffective date, if other an effective date is listed, the listed ocument's effective date	d in this block doe	s not meet th	e applicable s	e of filing or mor statutory filing	e than 90 days requirements,	after filing.) P this date wi	ursuant to li not be	60510207
e record specifies a The 90th day after			but not an	effective tir	me, at 12:0)1 a.m. or	the ea	arlier of
	31,	2	016					
Dated August	/ _		// n					
Pated August	Signatu	ne of a member	r or authorized	representative o	f a member			_

Page 3 of 3

Filing Fee: \$25.00