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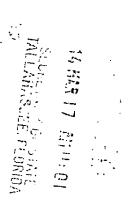
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## COVER LETTER:

TO: Registration Section Division of Corporations
SUBJECT: TRONG TOOL CONSTRUCTION CLC Name of Limited Liability Company
and the confidence of the confidence and
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Lizette CARLA-GENIA Name of Person
TKON TOOL Construction UC
175 Grace Blud- Address  Alfamonte Springs H32714  City/State and Zip Code
CLIZETTE @ ho Ling of COM  [137 of soin of the control of the cont
For further information concerning this matter, please call:
Light Cavitagena at 407 600-0597  Name of Person, Area Code Daytime Telephone Number
the second second second
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Barbard \$\Bigcup \$55.00 Filing Fee & Barbard \$\Bigcup \$60.00 Filing Fee, \$\Bigcup

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Yallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clift in Building 2661 Executive Center Circle Tall: hassie, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

IKON Idol. Constru	10 HM		
(Name of the Limited Liability Company as i (A Florida Limited Liability	now appears on our records.) Con pany)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L/400039087</u> .  This amendment is submitted to amend the following:		<u>L</u> and assig	ned
A. If amending name, enter the new name of the limited liability of	manny nere:		
The new name must be distinguishable and end with the words "Limited Liability Continuous Principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	mpar y," the designation "LLC" or th	e abbreviation "L.I	.C."
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddn ss on our records, ente	r the name o	f the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address	12 -1	
	, Florida _	Zip Code	;
C.	y	C: Zip Code	

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

I hereby accept the appointment as registered agent and agree to cet 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 provined 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 Il egistered Agent, Signature of New Registered Agent

Page 1 of 3

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 Title Name Type of Action <u>Address</u> AMBR LizeHe CARtageNA 175 Girece Block 174dd

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Filing Fee: \$24.00

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