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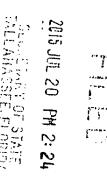
(Re	questor's Name)	
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COVER LETTER *

TO:	Registration Division of C	Section (Corporations		, · · · · · · · · · · · · · · · · · · ·
SUBJ		DA ARMSTRONG LLC		
SUDJ	EC1	Name of Lin	nited Liability Company	
The er	nclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please	return all corre	spondence concerning this matter	to the following:	
		JULIANA H PIETA		
			Name of Person	
		TAX CONTROLLER INC	2	
			Firm/Company	
		750 E SAMPLE ROAD B	LDG 3 BAY 5	
			Address	
		POMPANO BEACH, FL	33064	
			City/State and Zip Code	
		ROSANGELA@TAXCON	VTROLLER.COM (to be used for future annual report notif	ication)
For fu	rther informatio	on concerning this matter, please c	·	(Carlott)
JULIA	ANA H PIETA		954 301-1848	
	Nan	ne of Person	at () Area Code Daytime	Telephone Number
Enclos	sed is a check fo	or the following amount:	•	
\$2	25.00 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

FLORIDA ARMSTRONG LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number $\frac{\text{L}15000038794}{\text{L}15000038794}$.	ny were filed on $\frac{03/03/2015}{}$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Liab	bility 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)	20 EAL	_
	—————————————————————————————————————	_
	P> C	
B. If amending the registered agent and/or registered		nev
registered agent and/or the new registered office address he	ere:	
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	_
	, Florida	
	City 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	CARLOS J CLEMENTE CAMPOS	3324 QUAIL CLOSE	■ Add
		POMPANO BEACH, FL 33064	□ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
	- 		Add According to the property of the property
	·		Remove SSECOND Change FERRING 200
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	W.C.J					_	
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	es a delayed effe fter the record is		out not an ef	fective time,	at 12:01 a.r	n. on the ea	arlier
JULY, 15TH	^	2015		\bigcirc			
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Typed or printed name of signee