UIL 000 219983

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 16000219983
Name of Limited Liability Company
and the filing
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following: First Rustom, Salim (President) Name of Person
GSRMZFirm/Company
8830 Brookshire Ct
JACKS ON UNIE FL 37257 City/State and Zip Code
Palmyalos & hotmail, com Email address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Salim Rustom (President) at (904) 859-1908 Name of Person Daytime Telephone Number
Enclosed is a check for the following amount: S25.00 Filing Fee \$\sim \text{\$55.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF Construction LLC

(Name of the Limited Liability C	ompany as it now appears on our records.) uted Liability Company)
	1 1
The Articles of Organization for this Limited Liability Com	pany were filed on 010317 and assigned
Florida document number 11000219983	•
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:	Salin Rustom (President)
(Principal office address MUST BE A STREET ADDRES.	8830 Brookshire Ct
	JAX FL 32257
Enter new mailing address, if applicable:	2,5
(Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
[]	
	d office address on our records, enter the name of the new
registered agent and/or the new registered office address	here:
Name of New Registered Agent:	alim Kustom
New Registered Office Address: 33	30 Brookshire et
	Enter Florida street address
TA	x ,Florida FL 32257
	City Zip Code
New Registered Agent's Signature, if changing Registered Ag	ent:

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 A or removed fr	f amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:			
MGR = Mar AMBR = Aut	nager thorized Membe	er		
<u>Title</u>	<u>Name</u>		Address	Type of Action
President	Salim	Ruston	8830 Brookshire of JAN	
			FL 32257	Remove
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ctive date, if other than the date of t	(ontional)
effective date is listed, the date must be specified. If the date inserted in this block does arment's effective date on the Department.	not meet the applicable statutory filing requirements, this date will not be list of State's records.
ecord specifies a delayed effecti ne 90th day after the record is fi	$\overset{\parallel}{\mathbf{ve}}$ date, but not an effective time, at 12:01 a.m. on the ear $\overset{\parallel}{\mathbf{ve}}$ d.
ed	11, <u>2011</u> .
<u> </u>	Russian III
Signature	of a member or authorized representative of a member
Salim Au	
Salim Tu	Typed or printed name of signee

Filing Fee: \$25.00