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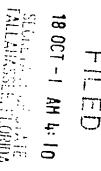
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COVER LETTER

TO:	Registration Se Division of Cor			
CHD IE/	FLORIDA		2	
SOBJEC			nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		PAULO GOMES		
		GOMES INSURANCE &	Name of Person ACCOUNTING	
		A ARMSTRONG BORING LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. pondence concerning this matter to the following: PAULO GOMES Name of Person GOMES INSURANCE & ACCOUNTING Firm/Company 129 SW 15TH STREET Address DEERFIELD BEACH FL 33441 City/State and Zip Code PAULO@GOMESINS.COM E-mail address: (to be used for future annual report notification) concerning this matter, please call: of Person 1 954 Area Code Daytime Telephone Number the following amount: \$\int \$30.00 \text{ Filing Fee & Certificate of Status & Certified Copy} \$\int \$60.00 \text{ Filing Fee. Certificate of Status & Certified Copy} \$\int \$60.00 \text{ Filing Fee. Certificate of Status & Certified Copy} \$\int \$60.00 \text{ Filing Fee. Certificate of Status & Certified Copy} \$\int \$60.00 \text{ Filing Fee. Certificate of Status & Certified Copy} \$\int \$60.00 \text{ Filing Fee. Certificate of Status & Certified Copy} \$\int \$60.00 \text{ Filing Fee. Certificate of Status & Certified Copy} \$\int \$60.00 \text{ Filing Fee. Certified Copy} \$\int \$60.00 Filing Fee. Cert		
		DEERFIELD BEACH FL		
		PAULO@GOMESINS.CO		451
		E-mail address: (to be used for future annual report notif	ication)
For furth	er information c	oncerning this matter, please co	all;	
PAULO	GOMES			
	Name o	f Person	Area Code Daytime	: Telephone Number
Enclosed	l is a check for th	ne following amount:		
■ \$ 25.0	00 Filing Fee			

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 BORING LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Cor		and assigned
Florida document number L18000216652		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LI.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address		enter the name of the new
N. C. D. C. L.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida Zip Code
	City	гір Соле

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	LEANDRO DE JESUS FERREIRA	1611 NW 49TH STREET POMPANO BEACH FL 33064	_ ■ Add
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Effective date, if other If an effective date is listed, the Note: If the date inserted document's effective date	ne date must be specific in this block does:	ic and cannot be prior not meet the applic	able statutory f	or more than 90 days	optional) after filing.) Pursuant t this date will not be	o 605.0207 (3) e listed as the
he record specifies a The 90th day after	delayed effecti the record is fi	ve date, but no led.	t an effectiv	e time, at 12:0)1 a.m. on the e	arlier of:
AUGUST 26		2018	. /	γ		
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Typed or printed name of signce

Filing Fee: \$25.00