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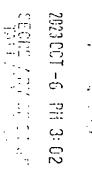
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COVER LETTER

TO: Registration Se Division of Cor	porations			
SUBJECT:	CUSTOM Name of Limit	(ON CONTAIN)	on Structio	Λ
	Amendment and fee(s) are sub-	~		
Please return all correspo	indence concerning this matter	_		
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	3277	Oak Bluf	7	9: 02
		City/State and Zip Code 7 M 7 4 0 5 ma. to be used for future; innual repo		_
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For further information of	oncerning this matter, please ca		,	
Tho No Name o	f Person	at (154) Area Code	28 - 66 Daytime Telephone Number	9 6
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certific d) Certific	Filing Fee, ate of Status & d Copy al copy is enclosed)

Mailing Address:

Company of the Company

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CUSTOM CONCEP	+ CONSTRUCTION	
(Name of the Limited Liability Compa) (A Florida Limited I.	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1800 260 73.0</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	were filed on NOVEMSEN	$\frac{6}{1}$ and assigned $\frac{1}{1}$ \frac
The new name must be distinguishable and contain the words "Limited Liabil		- ·
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3277 Dak Blu Jacksonville, A	11-1-CM -C 37257
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3277 Oak Blo Jacksonville, FC	1ff Ln 32257
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
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 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>	Address	Type of Action
AMBR	Vang Khunh Nguyen	3277 Oak Blyff Ln Jacksonville, FL 32257	\$\int \dd
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