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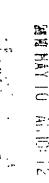
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COVER LETTER

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

TO:

SUBJECT: AM I	srael Cons	truction LL	.C	1
<u>, , , , , , , , , , , , , , , , , , , </u>	Name of Limi	ited Liability Company		· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.		*
Please return all correspond	ence concerning this matter	to the following:		
	_Lakeldra	Name of Person		
	AM Isra	el Construction	n LLC	
		omith Ave.	· · · · · · · · · · · · · · · · · · ·	
	Lake Placi	City/State and Zip Code Onstruction @gma to be used for future annual report notifi		
	amis(ae/(o E-mail address: ()	instruction @gma	ail. Com	
For further information cond	cerning this matter, please ca			
Lakeldra Name of Po	COOper	at (<u>ZZ5</u>) <u>317 -</u> Area Code Daytime	3236 Telephone Number	
Enclosed is a check for the	_			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate of Certified Co (additional cop	of Status &
Registrati	G ADDRESS: on Section of Corporations	STREET/COURIE Registration Section Division of Corpora	1	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AM Israel Const	truction LLC
(<u>Name of the Limited Liab</u> (A Flor	pility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on <u>January 4, 2019</u> and assigned
Florida document number <u>L190000719</u>	4
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADI	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, enter the name of the new dress here:
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

or removed from our records:				
MGR = M AMBR = A	anager uthorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	Lakeldra Cooper	113 EA Smith Ave.	I Add	
			☐ Remove	
			Change	
			Remove	
			Change	
			Add	
			Remove	
			☐ Change	
	·			
			□ Remove	
			□ Change	
		· · · · · · · · · · · · · · · · · · ·		
			Remove	
			Change	
			Add	
			Remove	
			□ Change	

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

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Note:	ive date, if other than the date of filing:
b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	May 8, 2019 . 1:10 pm. Signature of a member or authorized representative of a member Lake/dra Gope/ Typed or printed name of signee
	Signature of a member or authorized representative of a member
	/ / / / / A
	Lake/d/a Wope/ Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00