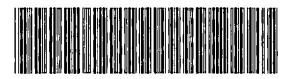
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### **COVER LETTER**

TO: Registration Section of Corp.									
SUBJECT: COACE		On truttion. Led Liability Company	1C						
The enclosed Articles of A	mendment and fee(s) are subm	itted for filing.							
Please return all correspon	dence concerning this matter to	the following:							
	Concepcion	Gusiando 3r Name di Person	<del></del>						
	Concepcion	Sc. Con Struction	<u> </u>						
	1058 Bire	Grove Rd. Address	<del></del>						
	Haines city	City/State and Zip Code							
Conception 7116 am. 1. Com E-mail address: (to be used for future annual report notification)									
For further information con	ncerning this matter, please call	l:							
Conception Name of	Gucjardo Ir.	at (863) 443 ~ 7. Area Code Daytime Te	350 Iephone Number						
Enclosed is a check for the	following amount:								
□ \$25.00 Filing Fee	口 \$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 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

. . . .

Concerning 5	c Cons	truction LLC		
(Mame of the Limited	A Florida Limited Lia	ability Company)	records.)	00 171
Cl. Assistant Commission for this Limited Lig	hility Company v	vere filed on J.M.C.	5 202AE	and assigned
The Articles of Organization for this Limited Lia	omey Company w	vere med on	3.2.	5.00
Florida document number <u>L 19000 2.5</u>	5250		. معهد الثناء المعادلة المعادلة المعادلة ا	- 5
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the designation	i "LLC" or the abbrevi	ation "L.L.C."
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	(ADDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE <u>E</u>	<u>80X)</u>			
B. If amending the registered agent and/or re	wistered office a	ddress on our records.	enter the name of	the new registered
B. If amending the registered agent and/of reagent and/or the new registered office address	s here:	dates on our records,	Cittor the himself or	
		_	.^ <del>-</del>	
Name of New Registered Agent:	Concep	cion Guajan	do Jr.	
New Registered Office Address:	1058	Bice Grove Enter Florida street	address	
	Haines	City	, Florida ᄯ	33844 Lip Code
New Registered Agent's Signature, if changing R	legistered 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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record sp is filed.		layed effec	tive date, b	at not an	effective	time, at 12:0	)1 a.m. o	n the earlie	of: (b)	The 90th day	after the
ated	June	5,7	070	<del>,</del>		<del>,</del> .					
	( mus		Signatur	e of a hen	iber o <del>r au</del> t	horized repre	sentative	of a member			_