## L2000042048

(Re	questor's Name)	
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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Amer	ica Strong Cor	Istruction, LLC ted Liability Company	· 
The enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Anthony C	Name of Person	
	America	Strong Construct	ion, LLG
	5910 59m (	Nay Address	
		City/State and Zip Code	
For further information co	E-mail address: () oncerning this matter, please ca	to be used for future annual report not	ification)
Anthony Che	ments Person	at ( <u>\$61</u> ) <u>284</u> Area Code Daytin	9628 ne Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee	¥ \$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 S Division of C P.O. Box 632 Tallahassee, 1	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

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America Strong Constru (Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our records.) [ ] Alla SS
The Articles of Organization for this Limited Liability Company Florida document number <u>L 2000 00 42048</u> .	were filed on _oz  o5   zozo and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5910 59th Way, West Palm Beach, Florida
B. If amending the registered agent and/or registered office 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: Antho	ny clements
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gretta Vitta-Ever	eff 3702 sw Kistler St.	🗆 Add
		Port Saint Lucie, FL	Remove
Aug o			□Change
AMBR MGR	Tyler Everett	5702 SW Kistler St.	
	·	Port Saint Lucie, FL	[PRemove
		□Change	
			□Add
		□ Remove	
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cord specifies a c s filed.	lelayed effective date, but	not an effective time	, at 12:01 a.m. on the o	earlier of: (b) The 90th d	lay after the
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	Signature o	f yiember or authoriz	ed representative of a mo	mber	_