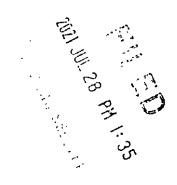
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## COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	of consultane	REMONT L	L('
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	lacorre	Name of Person	<u>S</u>
	TJ cons	Eldinge UGN	T, UC
	2109 Sceni	C Recol	
	Tallaha	SSEE FL 36 City/State and Zip Code	1303
	E-mail address: (1	o be used for future annual report nouf	ication)
For further information c	oncerning this matter, please co	all:	
Tacorca Name o	<u>Jenkins</u>	at (SO) SIS	5-9300 Telephone Number
Enclosed is a check for the	ne following amount:		
EX\$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 Addres Registration S	Section	Street Address: Registration Sec	
Division of C P.O. Box 632	-	Division of Corp The Centre of T	-
Tallahassee, l			Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Floric	la Limited Liability Company)	
The Articles of Organization for this Limited Liability (Florida document number 6000000000000000000000000000000000000	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designa	ution "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		CHINA CONTRACTOR
(Principal office address MUST BE A STREET ADD	RESS)	- 10 B
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		7
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida sti	reet 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 ocing added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address 11 00 has a Schick Phy	Type of Action
MGR	Ameer L Alexander	Address 1400 Village Square Blv. 3-183 Tallahassee FL 32312	_ Madd
			Remove
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reffective da <b>te:</b> If the d	e, if other than to the is listed, the date ro ate inserted in this fective date on the	must be specific and a block does not m	cannot be prior to c eet the applicable	late of filing or more th	(optional nan 90 days after filin juirements, this dat	) 2.) Pursuant to 605.020 e will not be listed a:
cord specif s filed.	ies a delayed effec	tive date, but not a	an effective time	, at 12:01 a.m. on th	ne earlier of: (b) T	he 90th day after the
ed	7/28	······································	303L			

Typed or printed name of signee