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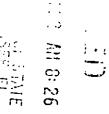
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COVER LETTER

TO: Registration Section

Division of Corp	porations			
Joseph DeFi SUBJECT:	ries LLC			
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspor	ndence concerning this matter	to the following:		
	Ţ.	Ū		
	Joseph DeFries			
	•	Name of Person	**************************************	
		Firm/Company	· .	
	7991 NW 37th Drive			
		Address		
	Coral Springs, FL 33065			
		City/State and Zip Code		
	josephdefrieslle@gmail.com	•		
	E-mail address: (t	o be used for future annual report noti	fication)	
For further information co	oncerning this matter, please ca	dl:		
Joseph DeFries		954 778-3192		
Name of	Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	e following amount:			
_				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &	
	23	(additional copy is enclosed)	Certified Copy	
			(additional copy is enclosed)	
Mailing Address		Street Address:		
Registration Section		Registration Section		
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
Tallahassee, F			e Street, Suite 810	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Joseph DeFries LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/13/2020 and assigned Florida document number <u>L20000360594</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: US Construction Consultants LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." same as above 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

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
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
			□Add
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Effective date, if other than the date of filing: [In an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the rd is filed. Dated March 16th 2021 June 18th Signature of a member or authorized representative of a member Joseph DeFries	- 10			<u> </u>			
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Filing Fee: \$25.00