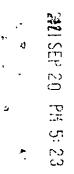
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COVER LETTER

ΓΟ: Registration Section Division of Corporations
SUBJECT: Shawnashti Contracting LLC Name of Limited Liability Company Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Anthony Stewart Name of Person Shawnashti Contracting UC Firm/Company 7/1 To/tec P/ Address KESSimman Tel 34758
City/State and Zip Code
City/State and Zip Code Shawnashtie ic/Nucl. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Stewart at 240, 615-9576 Name of Person at 240, Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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

Liability Company as it now appears on Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Mqq Florida document number 1 21006 230134 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

City

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 2 Address 0 P.1 5: 23 Title Type of Action Name Anthony Stewart 711 Toltec Place and Kissimmee, Fl. 34758 Remove _____ □Change □Remove □Remove _____ □Change □Remove □Change ____ □Remove ______ □Remove

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record d is file	d specifies a ed.	delayed ef	rective dat	e, but not	an effect	ive time, a	t 12:01 a.	m, on	the ear	lier of	(b) T	he 90th di	ay after the
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