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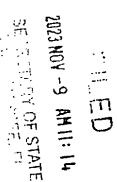
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT: _ hen	tora Construc	tion LLC.	
SUBJECT: PICT	.1	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jora Potti	SON Name of Person	
	Mentara C	onstruction LU	<u>C</u>
	2913 GUH	Stream Pd Address	
	Lake Worth	City/State and Zip Code	
	+Da+150n E-mail address: (850 amail. Co	fication)
For further information co	oncerning this matter, please co	all:	
Tara Pr	HH ISON Person	at (<u>561)</u> <u>350.</u> Area Code Daytim	3239 ne Telephone Number
Enclosed is a check for th	e 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 Addres Registration S		Street Address: Registration Se	ction
Division of C	orporations	Division of Cor	porations
P.O. Box 632 Tallahassee, F		The Centre of 7	allanassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000063398</u> .	were filed on <u>UUNP 7, 2001</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liability and Contain the words".	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2913 Butstream Pod
(Principal office address MUST BE A STREET ADDRESS)	Lake Worth, FL 33461
Enter new mailing address, if applicable:	2913 Gulfstream Pd
(Mailing address MAY BE A POST OFFICE BOX)	Lake Worth, FL 33461
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address (7)
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as publications being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, Athis document is

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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
	· · · · · · · · · · · · · · · · · · ·		
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional)
(If 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 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated November