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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division	n of Corpo	rations		
SUBJECT:	Stron	ONSTRU Name of	CHION INVESTM	ents LLC
The enclosed Ar	ticles of An	nendment and fee(s) are	submitted for filing.	
Please return all	correspond	ence concerning this ma	tter to the following:	
		Em	MONUEL RODGE	9Ul Z
		Strong (ONSTYUCTION IN	westments LLC
		302 W	184 46 Street	
		Hio	City/State and Zip Code	012
	-	SHONG E-mail addre	(ONSTIUCTION INVES	tments @ gmail. (on
For further infor	mation cond	cerning this matter, pleas	se call:	
Edu	Name of Pe	Rodrique Z	at (305) 79 Area Code Day	1 SOS 1 time Telephone Number
		Following amount:	,202 0000 20,	
\$25.00 Filing	g Fee	S30.00 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)
Regist Division	Address: ration Secon of Corporation 6327		Street Address: Registration Division of C The Centre o	Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

FILED

Strong Construction	In Thirst ments LLC PM 1:05
Name of the Limited Liability Comp	any as it now appears on our records.) SECRETARY OF STATE Liability Company) TALLAHASSEE, FL
(A Florida Fillifico	1
The Articles of Organization for this Limited Liability Compan	y were filed on 11 22 202 and assigned
Florida document number <u>L21000499715</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab	nility Company " the designation "LLC" or the abbreviation "LLC"
	mily company. The designation line of the abovernation lines.
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
r	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	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
	, Florida City Zip Code
New Registered Agent's Signature, if changing <u>Reg</u> istered 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 being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Emmanuel Radriguez	302 W 46 Street	□ Add
		Hiarean, FL 33012	PRemove
			☐ Change
			Change
			□Add
			□Remove
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Tective date, if othe an effective date is listed,	the date must be spe	ecific and cannot be	prior to date of fili	ng or more than 90 d	_ (optional) lays after filing.) P	ursuant to	605.020
ote: If the date inserte	ed in this block do	es not meet the ap	oplicable statutor	ry filing requireme	ents, this date wi	ll not be	listed a
record specifies a dela is filed.	yed effective date,	but not an effect	ve time, at 12:0	a.m. on the earlie	er of: (b) The 9	Oth day :	after the
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