



Office Use Only



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TO:	Registration Section	
	Division of Corporations	

SUBJECT:	ISTER CONSTRU	CLION STRUNCTURS,	LLC
	Name of Lim	ited Liability Company	
The analogue Amiolog of	A manufact and foo(a) are sub-	mitted for films	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filling.	
Please return all correspondence	ndence concerning this matter	to the following:	
	JOSEPH H	1. NESSIGE II	
	OSTBR Can	STOUCT WAS STOLLART. Firm/Company	is, LLC
	164 OAK L	AKERO. Address	
	MBIBOVENE,	City/State and Zip Code E 39 C G MAIL. COM to be used for future annual report not	
	1	City/state and Zip Code	
	VOB MBS618	to be used for future annual report no	(ification)
For further information c	oncerning this matter, please ca		intention
JOE MESS	F. Person	at (<u>478</u>) <u>114</u> Area Code Daytir	-5480
Name 0		Area Code Dayiii	ne reteptione realises
Enclosed is a check for the	ne 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 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

USTER CONSTRUCT	lad SPECIACTIES,	LLC.
(<u>Name of the Limited Liability Con</u> (A Florida Limite	apany as it now appears on our réce ed Liability Company)	ords.)
	su mont	
ne Articles of Organization for this Limited Liability Compa	ny were filed on _ 00/01/2	and assigned
orida document number <u>L24000068846</u> .	·	
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
ne new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "L	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		202
nter new mailing address, if applicable:		<u></u>
failing address MAY BE A POST OFFICE BOX)		N
		-5
		<u> </u>
. If amending the registered agent and/or registered offic	ce address on our records, ent	မှာ er the name of the new registe
ent and/or the new registered office address here:	<u></u>	တ
7		
Name of Naw Pagistary A contr		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	tress
		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 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
M6R	JOSEPHAMASSIBE 11	164 DAK LAKE RD MBLEOUENB, FL 33901	_ ⊘ Add
		MBLEOURNB, FL 33901	□Remove
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e date, if	other than	the date of fi	iling:	02/20	date of filing or	more than 90 d	_ (optional) ays after filing.	Pursuant to 605
f the date i	nserted in th	nis block does n	ot meet t	he applicab	le statutory fili	ng requireme	nts, this date	will not be liste
nt's effecti	ve date on t	he Department	or State :	s recoras.				
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specifies a d.	i delayed ett	fective date, but	not an ei	nective time	e, at 12:01 a.m	on the earne	:roi:(b) in	e 90th day after
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				y N	11/2	-		
		Signature (a memb	er or authori	zed representativ	e of a member		
			<i>U</i>					
				-		1518R [