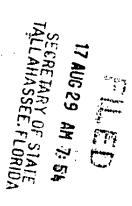
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COVER LETTER

Division of Corp	porations		
WPHP2, LL SUBJECT:			
SUBJECT:		ited Liability Company	•
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	CLEITON CARDOSO		
		Name of Person	
	DOMINIUM CONSULTII	NG SERVICES, LLC	
		Firm/Company	···
	6965 PIAZZA GRANDE	AVE, SUITE 206	
		Address	
	ORLANDO - FL , 32835		
		City/State and Zip Code	
	info@dominiumcs.com		
	E-mail address: (to be used for future annual report notific	ation)
For further information co	oncerning this matter, please ca	all:	
LEONARDO FIGUEIRE	DO	407 374.2329 at ()	
Name of	Person	Area Code Daytime 7	Celephone 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 ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

WPHP2, LLC (Name of the Limited Liability Company as it now appears on our records.) The Articles of Organization for this Limited Liability Company were filed on $\frac{09/29/2016}{1}$ and assigned Florida document number L16000181992 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 2-B OUTDOOR CONSTRUCTION COMPANY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the

New Registered Agent's Signature, if changing Registered Agent:

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
AMBR	ANDRE LUIS SANTANA	9025 ARBORS EDGE TRL	■ Add
		WINDERMERE - FL 34786	□ Remove
			☐ Change
			Add
			□ Remove
	•		Change
			Add
			Remove
			☐ Change
			Add
			Remove
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			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change

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covered with cement board and finishing on tile or stone with granite counter tops. Plumbing installation for sinks and eletrical outlets for fridges / ace machines / grill / burners.			-				
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Typed or printed name of signee

Filing Fee: \$25.00