L0700000/0306

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07/01/10--01016--011 **25.00

DIVISION OF CORPORATION

T. HAMPTON

JUL - 2 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: W. E. Construction, LLC 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:
Wesley G Faireloth Name of Person
W. E. Construction, LLC Firm/Company
139 Holleywood Wy. Address
Crawfordville Fl. 32327 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wesley G Faircloth at (850) 210-9594 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} & \text{(additional copy is enclosed)}\$\$ (additional copy is enclosed)

MAILING ADDRESS:

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 OF

W. E. Construction (Name of the Limited Liability Com	16			
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on o I Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L0700010300</u>		9/07	and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
The new name must be distinguishable and end with the words "Li" "L.L.C."	mited Liability Company,"th	e designation "LLC	" or the abbreviation	
Enter new principal offices address, if applicable:			1SECE	
(Principal office address MUST BE A STREET ADDRESS)	·			
Enter new mailing address, if applicable:	1		RY OF STA	
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		cords, <u>enter the</u>	name of the new	
Name of New Registered Agent:	,			
New Registered Office Address:	÷	•		
	Enter Florida street address			
	, Florida			
	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agent	<u>nt:</u> ;			

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

.MGR = Manager

MGRM = M	lanaging Member	•	
<u>Title</u>	Name	Address	Type of Action
MGRM	Zahniser Edward B	SS Card Ln. Crawfordville, Fl. 32327	Add Remove
MGRM	Delvalle, Daniel	670 Darien Rd. Tallahassee, Fl. 32305	Add Remove
			Add Remove
D. If amend	124/10	e(s) here: (Attach additional sheets, if necessary.)	SEGRETARY OF STATE DIVISION OF GORPORATIONS 10 JUL - 1 PH 20 21
	Signature of a member Wesky G Typed	Faircloth or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00