109000023143

(Re	questor's Name)	_
(Ada	dress)	
(Ad	dress)	<u>.</u>
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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AUG 0 8 2017 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: W.G.	Construction	n + Fencing LLC	<u>. </u>
		ted Liability Company	<u> </u>
			l I
The enclosed Articles of Ar	mendment and fee(s) are subm	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
	Waltoguy	An Frian U	<u> </u>
	M. G. Constan	uction & Forcin	g, LCC
	305 Sterl	Address	<u> </u>
	Delvay Be	City/State and Zip Code	3444
	E-mail address: (t	o be used for future annual report notif	ication)
For further information con	acerning this matter, please ca	dl:	l
Maltoguy Name of P	ANGANY	at (SU) Area Code Daytime	Telephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Registrati Division P.O. Box	ion Section of Corporations 6327 see, F1, 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	n I ations

Tallahassee, Fl. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) liability Company)	1
The Articles of Organization for this Limited Liability Company Torida document number <u>6900003143</u> .	were filed on March 12	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	1
1110		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" of	or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:	NA	16
Principal office address MUST BE A STREET ADDRESS)		
1 incipia office dancia in oot agent		
		1 1 1 1 1 1 1 1 1 1
	MIA	
Enter new mailing address, if applicable:	14 (1)	
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:	ffice address on our records,	enter the name of the ne
New Registered Office Address:	Enter Florida street address	1
	E1	.:d.
	, Floi	Zip Code
New Registered Agent's Signature, if changing Registered Agent	•	
I hereby accept the appointment as registered agent and agond provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I furt e performance of my duties, and provided for in Chapter 605, F	S. Or, if this document is
If Ch:	anging 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
cretary	Marie Monique Elie	305 SW Sterling Are. Delray Bob FL 33444	j Add
*			☐ Remove
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			Change

If amending any other information, enter change(s) here: (Attach additional sheets	i. y necessary.)
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 of the Note: If the date inserted in this block does not meet the applicable statutory filing requirement of State's records.	(optional) days after filing) Pursuant to 605.020 nents, this date will not be fisted a
e record specifies a delayed effective date, but not an effective time, at 1 The 90th day after the record is filed.	12:01 a.m. on the earlier of
pated 7-31-117 - 2017. Who How American authorized representative of a member of authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of a member of authorized representative of a member of authorized representative of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a member of a	7: 52 Abar Abarras
Signature of a member of authorized representative of a member Maltogul Antian Typed or printed name of kignee	
1	

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Filing Fee: \$25.00