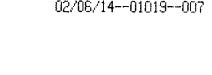
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B. BOUTICK

FEB - 7 2014

EXCAUNER

COVER LETTER

Division of Corporations
SUBJECT: WR CONTRACTING 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:
WILLIAM RODRIGUES Name of Person
WR CONTRACTING, LLC Firm/Company
1000 5th Street, SUITE 200,
MIAMI BEACH, FL 33139 City/State and Zip Code
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
For further information concerning this matter, please call:
WILLIAM RODRIGUES at (786) 942-7382 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \text{Certified Copy} \text{Certified Copy} \text{Certified Copy} \text{(additional copy is enclosed)} Certified Copy \text{(udditional 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 OF

WR CONTRACTING	LLC	
WR CONTRACTING (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 02/18/201	and assigned
Florida document number <u>L1000001847</u> .2		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1000 5th Stree	+ SUITE 200-35
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH	, FC 33139
Enter new mailing address, if applicable:	1000 5th Street	, SUITE 200-J5
(Mailing address MAY BE A POST OFFICE BOX)	1000 5th Street, MIAMI BEACH,	FC 33139
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, <u>en</u>	ter the name of the new
Name of New Registered Agent:		The state of the s
New Registered Office Address:		Cold L seems
	Enter Florida street address	
 	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		罗星

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

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
<u>AMBR</u>	RICARDO HERNANDE	Z 20580 SW 126 AVE	Add
		MIAMI, FL 33177	□ Remove
AMBR	BALDIZ ALVAREZ	11313 SW 190th Street	T ⊋ Add
		MIAMI, FL 33157	☐ Remove
<u></u>			
			☐ Remove
			Add
			Add
			☐ Remove

D. If ame	nding any other information, enter change(s) here: (Attach additional sh	neets, if necessary.)
(The effer	ve date, if other than the date of filing: tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more	(optional) than 90 days after
	FEB 3, ZO14, Signature of a member of authorized representative of a member of authorized representative of a member of printed name of signce	ember
	Page 3 of 3	2014 FEB + 5
	Filing Fee: \$25.00	