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SECRETARY OF STATE
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J. BRYAN

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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	orporations		Ť	
SUDJECT.	W & F DESIGN	I & REMODELING, LLC		
SUBJECT:		nited Liability Company		
The enclosed Articles o	of Amendment and fee(s) are su	abmitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
	 	ERROL LALL Name of Person		
	W&FD	ESIGN & REMODELING, LLO	•	
	,, o, E, D	Firm/Company		
	1414 NE 135TI	H STREET NORTH MIAMI FL	. 33161	SE TAL
	N	ORTH MIAMI, FL 33161		FILED FEB 28 PH 1: 34 CRETARY OF STATE CAHASSEE, FLORIC
		City/State and Zip Code		RY OF SSEE.
	E-mail address:	Errollall@hotmail.com (to be used for future annual report notifica	ition)	PH I: 3
For further information	concerning this matter, please	call:		A STATE OF THE STA
Name	Errol Lall of Person	at (305) 3. Area Code & Daytime 7	36-9278 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)	Certified	te of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIED Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W & E DESIGN & R			
(Name of the Limited Liability Compa (A Florida Limited)	<u>iny as it now appear</u> Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L10000058346</u> .	y were filed on	June 1 2010	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	bility company her	<u>e</u> :	
Versatile Remo	odeling, LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	,		FEC TI -
	<u></u>		ARET EB
			SSE &
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			ST S
			57 F
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		ur records, <u>ente</u>	r the name of the new
New Registered Office Address:	Ent	er Florida street a	ddress
		, 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 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

<u>l'itle</u>	<u>Name</u>	Address	Type of Action
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	Endle	Ell	APPLACE AND ADMINISTRATION OF THE PARTY OF T
	Signature of a member	er or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00