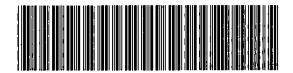
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(Re	questor's Name)	
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11 AUG 22 PH 12: 59

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	CTW Co	onstruction, LLC	
Sebuter.		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	
		Clinton Watson	
		Name of Person	
	С	TW Construction, LLC	
		Firm/Company	
		12925 SW 134th CT	
		Address	
		Miami, FL 33186	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	Clintor	n.watson@swplumbing to be used for future annual repo	.net
For further information	n concerning this matter, please of	·	The invarious (i)
Tor farmer information	reolicerning this matter, prease t	an.	
	Clinton Watson	at (786)	256-2096
Nam	e of Person	Area Code & I	Daytime Telephone Number
Enclosed is a check fo	r the following amount:		
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MA	ILING ADDRESS:	STREET/CO	OURIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO SECRETARY OF STATE SECRETARY OF STATE OF ORGANIZATION 11 AUG 22 PM 12: 59

(Name of the Limited Li (A F)	W Construction, LLC ability Company as it now appear orida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liab Florida document numberL1000007246	• • •	July 9th, 2010 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:	En	ter Florida street address
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Thomas M Watson	1047 Woodfall Ct.	Add ☐ Remove
		Weston, FL 33326.	
			Add Remove
	.		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	_
_			SECRETARY DIVISION OF C
_			ORF ORF
Dated	August 18th	2011 - Maltan	STATE ORATIONS
	Signature of a mo	ember or authorized representative of a member	
		Clinton T Watson	
	Т	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00