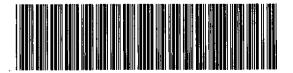
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(Rec	questor's Name)	
(Add	Iress)	
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(City	//State/Zip/Phone	→ #)
PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	

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SECRETARY OF STATE AND ANALYSES

J. SAULSBEF

FEB 16 %

COVER LETTER

т0:	Registration S Division of Co						
SUBJE	ECT:	PWH Co	nstruction LLC				
		Name of Limi	ted Liability Company				
		f Amendment and fee(s) are sub	-				
Please	return all corresp	ondence concerning this matter	to the following:				
			Cleveland Foster				
			Name of Person				
		P\	WH Construction LLC				
			Firm/Company				
	503 N. Falkenburg Road						
			Address				
			Tampa, FL 33619		I SE	2017	
			City/State and Zip Code	 	CRE AH]]]	
		pw	npainting@verizon.net o be used for future annual report notific	eation)	TAR ASS	2012 FEB 15	-
For fur	ther information	concerning this matter, please c	·	,	Y OF ST	AM 8: 24	
	Cle	veland Foster	at (813) 6	81-1017	FUORIDA	£ 2 <u>1</u>	
	Name	of Person	Area Code & Daytime	Telephone Number		•	
Enclose	ed is a check for	the following amount:					
▼ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status		ı
		LING ADDRESS: tration Section	STREET/COURIE Registration Section				

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 ARTICLES OF ORGANIZATION OF

	PWH Const					
(Name of the Limit	ed Liability Compa (A Florida Limited	i <mark>ny as it now appeat</mark> Liability Company)	rs on our records.)		-	
The Articles of Organization for this Limited	y were filed on	12/09/2010	and assigned			
Florida document number L1000012	26495					
This amendment is submitted to amend the fo	llowing:					
A. If amending name, enter the new name	of the limited lial	oility company her	<u>e</u> :			
	PWH Pain	ting LLC				
The new name must be distinguishable and end w "L.L.C."	ith the words "Lim	ited Liability Compa	ny," the designation "	LLC" or th	ie abbr	eviation
Enter new principal offices address, if appl	no change		DS.	2017		
(Principal office address MUST BE A STREET ADDRESS)				CRET	8 3 33	
				ASSE SSE	Ŋ	1
Enter new mailing address, if applicable:	no change		T (2)			
(Mailing address MAY BE A POST OFFICE			SRZ	œ		
				DA C	24	
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on o e:	ur records, <u>enter</u>	the name	of th	ie new
Name of New Registered Agent:	no change		· · · · · ·			
New Registered Office Address:	no change					
		Ent	er Florida street ada	dress		
			, 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 Changing Registered Agent, Signature of New Registered Agent

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 = Managing Member Type of Action <u>Title</u> **Address** <u>Name</u> MGR Don Mitchell 503 N. Falkenburg Road ✓ Add Remove Tampa_FL_33619 ☐ Add Remove \square Add _ Remove ∏Add Remove □Add Remove ∏Add ___Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ထု 02/13 Dated __ 2012 Signature of a member or authorized representative of a member Cleveland Foster Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00