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(Reques	tor's Name)	
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PICK-UP	WAIT [MAIL
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Certified Copies	Certificates of Sta	atus
Special Instructions to Filing	g Officer:	
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SECRETARY OF STATE
ALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 26, 2015

WILBERT SILVA 820 CORTEZ AVENUE LEHIGH ACRES, FL 33972

SUBJECT: W.S. BUILDING LLC. Ref. Number: L12000027133

We have received your document for W.S. BUILDING LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC., but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

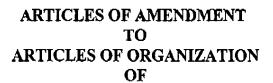
Stacey M Mason Regulatory Specialist II

Letter Number: 615A00018040

COVER LETTER

TO: Registration Division of C	Section Corporations		
	ailding LLC.		
SUBJECT:	Name of Limi	ited Liability Company	·-
The enclosed Articles	of Amendment and fee(s) are subj	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Manuel Delgado		
	•	Name of Person	
	W.S. Building LLC.		
		Firm/Company	
	10726 Figtree Ct		
		Address	
	Lehigh Acres FL, 33936		
		City/State and Zip Code	
	mdelgado,ws@gmail.com E-mail address: (to be used for future annual report notif	ication)
For further information	on concerning this matter, please c	all:	
Manuel Delgado		239 825-2024 at ()	
Na	me of Person		e Telephone Number
Enclosed is a check i	for the following amount:		
□ \$25.00 Fiting Fe	e \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	AILING ADDRESS: gistration Section vision of Corporations O. Box 6327 illahassee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle

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W.S. Building LLC.				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our r Lability Company)	ecords.) ARR SEP	
The Articles of Organization for this Limited Li	ability Company	were filed on 02/24/2012	and assigned	
Florida document number L12000027133			And assigned D	
This amendment is submitted to amend the follow	owing:		2: 3: ORIDI	
A. If amending name, enter the new name of	the limited liab	ility company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applic	able:	Manuel Delgado		
(Principal office address MUST BE A STREE	T ADDRESS)	ADDRESS) 10726 Figuree Ct		
		Lehigh Acres FL, 33936		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>			
B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of fice address her	ffice address on our re <u>e</u> :	cords, enter the name of the new	
Name of New Registered Agent:	Manuel Delgad	lo		
New Registered Office Address:	10726 Figtree (CT		
-		Enter Florida street	address	
	Lehigh Acres		, Florida <u>33936</u>	
New Destirered Agent's Signature if showing I		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 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 Registored Agent, Signature of New Registered Agent

Page 1 of 3

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
MGR	Manuel Delgado	10726 Figuree Ct Lehigh Acres FL,	
		· .	□ Remove
			Change
			Add
			□ Remove
	•		Change
			□ Add
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			Change
			D Add
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			Change
	<u> </u>		
			□ Remove
			Charge Charge
			Add Add
		,	S Remo
			Change

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•	***************************************		
fective date, if other than the d	specific and cannot be prior to date of filing or more	(optional) than 90 days after filing.) Pursuant to 605 equirements, this date will not be list	5.020
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