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BECRETARY OF STATE

SECRETARY OF STATE

JUN 28 2013 J. BRYAN

COVER LETTER

TO

Registration Section
Division of Corporations

SUBJECT

Main Street Construction, 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:

Adam Rigel

Name of Person

Main Street Construction, LLC

Firm/Company

2406 University Blvd West

Address

Jacksonville, FL 32217

City/State and Zip Code

adam@jacksonvillewealthbuilders.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Rigel

Name of Person

Area Code & Daytime 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).

□\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

Main Street Construction, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited Liability Compan Florida document number 80-0886007	y were filed on <u>01/18/</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
JWB Construction Group, LLC		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," t	he designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:	N/A	7,02
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	NET PHREE
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:	<u>re</u> :	
	Enter Fl	orida street address
·	City	, 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.

<u>me</u> /A	Address	Type of Action Add Remove Add Remove Add Remove Add Remove
/A		Remove Remove Add Remove Add Remove Add Remove Add Add Add
		Remove Remove Add Remove Add Remove Add Remove Add Add Add
		ASSEE FLORIDA Add
		ASSEE FLORIOA Add
		ASSEE FLORIOA Add
		Add
		Remove
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		Add
		Remove
		Add

If amending any other N/A	information, enter change(s) here: (Attach additional sheets, if necessary.)
	·
June 24	2013
	Celan Rigel
	Signature of a member or authorized representative of a member Adam Foel
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUN 27 PH 12: 41
SECRETARY OF STATE