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FILED 14 MAY -5 PH 3: 07 SECREJARY OF STATE

MAY 1 3 2014

T. BROWN

## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: WILD CARD 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:
HAYDEE VACDERAMA  Name of Person
QUALITY Business Solutions, LCC
1229 Providence Blud, SuiteJ
Deltona, FC 32725  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
HAMDEE VAIDERRAMA at (386) 259-497/ Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Status Solution Sta

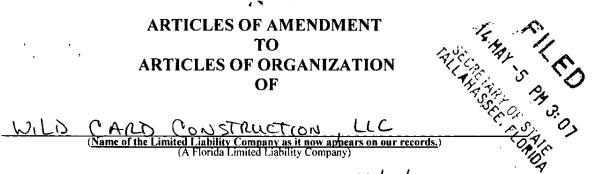
### MAILING ADDRESS:

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**



( <u>rvame of the Limi</u>	(A Florida Limited Liability Company)	ALC:
	Liability Company were filed on 11/25/13	and assigned
Florida document number <u>L13 0001 6</u>	4930	
This amendment is submitted to amend the following	lowing:	
A. If amending name, <u>enter the new name c</u>	of the limited liability company here:	
The new name must be distinguishable and end with the	e words "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:	
(Principal office address MUST BE A STREE	ET ADDRESS)	
	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered o	I/or registered office address on our records, <u>en</u> office address here:	ter the name of the new
Nome of New Designand A. and		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Emer Fioriau Sireel dauress	
	Y74	

### 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
!			
		<del></del>	
Vice-PR	EDWIN PEREZ GO	DNZALEZ	<b>IE∕</b> Add
		780 HA LSTEAD STREET	☐ Remove
		Deltona, FL 32725	
REASULE	PATRICK ALAN AG		
		1901 GREEVIEW DR	
		Deltona, FL 32725	
<del></del>			Add
			□ Remove
			Add
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			<del></del>
			□ Add
			Remove

ADD . Z	L MORE MEMBERS to The LLC
COMPAN	٧
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tive data if other th	can the date of filing: (optional)
	nan the date of filing: (optional) ific, cannot be prior to date of receipt of filed date and cannot be more than 90 days after by the Florida Department of State)
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Page 3 of 3

Filing Fee: \$25.00