

L14 000011958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

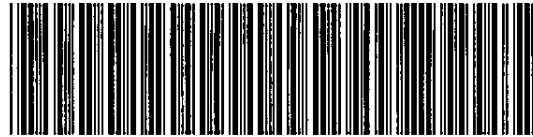
(Business Entity Name)

(Document Number)

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IRA R. SHAPIRO, P.A.

ATTORNEY AND COUNSELOR AT LAW
BAYLEE EXECUTIVE CENTER • SUITE 225
16375 NORTHEAST 18TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO

DADE: (305) 944-3936
BROWARD: (954) 763-5801
FACSIMILE: (305) 944-3345
E-MAIL: irape225@yahoo.com

January 30, 2014

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Bill Stevens Construction LLC
Articles of Amendment

To Whom It May Concern:

Please find enclosed an Articles of Amendment to Articles of Organization for Bill Stevens Construction LLC, a Florida limited liability company (along with an extra copy). Also enclosed is my check in the amount of \$55.00 for the filing fee and for the cost of the certified copy of the registered Amendment. A self-addressed stamped envelope is enclosed for the return of the certified copy of the Amendment.

Sincerely,


IRA R. SHAPIRO

IRS/sma
Encl.
scorp stevens 13014.1

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TALLAHASSEE, FL
DIVISION OF CORPORATIONS
STATE OF FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BILL STEVENS 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:

IRA R. SHAPIRO

Name of Person

IRA R. SHAPIRO, P.A.

Firm/Company

16375 NE 18th Avenue Suite 225

Address

North Miami Beach, FL 33162

City/State and Zip Code

info@irarshapiropa.com

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

For further information concerning this matter, please call:

Ira R. Shapiro

Name of Person

at **(305) 944-3936**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input checked="" type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BILL STEVENS CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JANUARY 22, 2014 and assigned Florida document number L14000011958.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WGS CONSTRUCTION LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17042 37TH PLACE N.

(Principal office address MUST BE A STREET ADDRESS)

LOXAHATCHEE, FL 33470

Enter new mailing address, if applicable:

17042 37TH PLACE N.

(Mailing address MAY BE A POST OFFICE BOX)

LOXAHATCHEE, FL 33470

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter 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 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 Registered Agent, Signature of New Registered Agent

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

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WILLIAM STEVENS</u>	<u>3490 Harbor Circle</u>	<input type="checkbox"/> Add
		<u>Delray Beach, FL 33483</u>	<input checked="" type="checkbox"/> Remove
		<u> </u>	
<u>MGR</u>	<u>WILLIAM STEVENS</u>	<u>17042 37th Place N</u>	<input checked="" type="checkbox"/> Add
		<u>Loxahatchee, FL 33470</u>	<input type="checkbox"/> Remove
		<u> </u>	
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
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CLERK

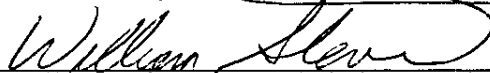
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 30, 2014



Signature of a member or authorized representative of a member

WILLIAM STEVENS

Typed or printed name of signee

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CLERK OF COURT