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| (Re                     | questor's Name)    |             |
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| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | isiness Entity Nan | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | Certificates       | s of Status |
| Special Instructions to | Filing Officer:    |             |
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## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Complete World 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:  |
| Dose L. Cormenate Name of Person   |
| Complete World Construction LLC<br>Firm/Company  |
| 9370 S.W. 29 Terrace   |
| Miami, FL. 33165<br>City/State and Zin Cog-  |
| Complete World Construction LLC. E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Name of Person   |
|  |
| \$30.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{Certified Copy (additional copy is enclosed)}\$\$ \Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$ \text{\$55.00 Filing Fee & 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**

| Complete Worl   | Construction LLC Liability Company as it now appears on our records.) Florida Limited Liability Company) |  |  |  |  |
|---|--|--|--|--|--|
| The Articles of Organization for this Limited Liabi   | ility Company were filed on $4-10-2015$ and assigned 045.  |  |  |  |  |
| This amendment is submitted to amend the following  | ing:   |  |  |  |  |
| A. If amending name, enter the new name of the  | e limited liability company here:  |  |  |  |  |
| The new name must be distinguishable and contain the words                                      | s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."                        |  |  |  |  |
| Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A | 11   |  |  |  |  |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO.             | 9370 S.W. 29 Terrace Miami, FL 33165 5   |  |  |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office    |  |  |  |  |  |
| Name of New Registered Agent:   | Jose L. Carmenate : 6  |  |  |  |  |
| New Registered Office Address:  | 9370 S.W. 29 Terrace  Enter Florida street address   |  |  |  |  |
|   | Miami, Florida 33165  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.

MChanging Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added to removed from our records:

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action Jorge Jimenez 7350 SW 11 Street MGR Miami, FL 33H4 □ Change MGR Jose L. Carmenate 9370 SW 29 Terrace DAdd Miami, FL 33165 Remove 'Change □ Add 16 Remove **C**hange Add T ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove

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| Essive date, if other than the date   | of filing:                                  |                     | ,                     | (optional)            |                  |
| on effective date is listed, the date must be so<br>te: If the date inserted in this block do<br>cument's effective date on the Departm | occific and cannot be roots not meet the an | piicabie statutory  | g or more than 90 day | s after filing.) Pur  |                  |
| record specifies a delayed effe<br>The 90th day after the record is   | ective date. but<br>s filed.                | not an effect       | ive time, at 12:      | :01 <b>a.m</b> . on t | he earli         |
| $\frac{12 - 14 - 20}{5}$  | 16.   | ·                   |                       |                       |                  |
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| Signa   | ture of a member or a                       | authorized represer | tative of a member    |                       |                  |
|   |   |                     |                       |                       |                  |

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Filing Fee: \$25.00