L15000078417

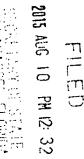
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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	•	COVER LETTER	
TO: Registration Solution of Col		AF	1 12
W.K.W. Co	onstruction Service, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Brenda Chambers		
		Name of Person	
	Total Business Solutions-I	Bookkeeping Division	
		Firm/Company	
	603 N. Ferdon Blvd		
		Address	
	Crestview, FL 32536		
	brenda@tbscrestview.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co	all:	
Brenda Chambers		850 423-1099	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for the	ne 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 enclo

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

FILED 2015 AUG 10 PM 12: 32

SECRETARY OF STATE FALLAMASSEE, FLORIDA

W.K.W. Construction Service, 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 Co.	mpany were filed on $\frac{05/04}{1}$	/2015 and assigned
Florida document number L15000078417	- -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	:
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the des	gnation "LLC" or the abbreviation "L.L C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe	ered office address on a	ur records, enter the name of the new
registered agent and/or the new registered office addre		enter the name of the next
Name of New Registered Agent:		
New Registered Office Address:		
TVOW TREGISIETED STATE / MAINTEN.	Enter Florid	ı street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent at		

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 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	Sebastian N. Williams	6388 Highway 85 N.	Add
		Crestview, FL 32536	Remove
			☐ Change
MGR	GR Nelson A. Kayvonfar	3900 W. 25th Street	<u></u>
	•	Panama City, FL 32405	☐ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
			Remove
			Change
			☐ Remove
			□ Change
		_	Add
			Remove
			☐ Change

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				TASSEE FLOR
ffective date, if other than the data must be solved: If the date inserted in this block	e specific and cannot be pri k does not meet the appl	icable statutory fili	(option more than 90 days after ti ng requirements, this c	ling.) Pursuant to 605,0207
locument's effective date on the Dep	artment of State's record	S.		
e record specifies a delayed of The 90th day after the recor	effective date, but r d is filed.	ot an effective	time, at 12:01 a.ı	m. on the earlier of
Pated August 07,	, 2015	·		
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Page 3 of 3

Filing Fee: \$25.00