## L17000020004

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## **COVER LETTER**

TO: Registration So Division of Co	ection rporations	·	
	IGN AND CONSTRUCTION	WL, 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:	
	WILLIAM M MALO		
		Name of Person	
		Firm/Company	<del></del>
	7125 NW 173Rd Drive #24	407	
		Address	<del></del>
	HIALEAH, FL 33015		
	willmalo27@hotmail.com	City/State and Zip Code to be used for future annual report notif	fication)
For further information of	concerning this matter, please ca		
WILLIAM M MALO		786 9555666	
Name o	of Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for t	he following amount:		
☐ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

State Co.

ART, DESIGN AND CONSTRUCTION WL. 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 Lia	ability Company were filed on 01/25/2017	and assigned
Florida document number L17000020204	·	
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
STRUCTURAL TRUSS SYSTEM LLC		
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	able:	. <u></u>
(Principal office address MUST BE A STREE)	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B)  B. If amending the registered agent and/or recovered address and/or the registered affice address.	egistered office address on our records, ent	er the name of the new registered
agent and/or the new registered office address	s nere:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
		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 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
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			☐ Change
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			□Remove
			□ Change
			□ Add
			□Remove
			□Change

## Page 2 of 3

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note:	tive date, if other than the date of filing:
f the re b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	1 03-19-2024
	Signal of a member or authorized representative of a member
	WILLIAM M MALO

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee