L17000027341

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		}

Office Use Only



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AUG 07 2017 J SHIVERS

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		NSTRUCTION LLC		
SOBJECT.		Name of Limit	ted Liability Company	
The enclosed	Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		EBLYS OLIVA GATTOR	NO	
			Name of Person	<u></u>
			Firm/Company	
		10742 N KENDALL DR L	.1	
			Address	
		MIAMI FLORIDA 33176		
			City/State and Zip Code	
		WONGDESIGN84@GMAI		
			o be used for future annual report r	iotification)
For further in	nformation co	ncerning this matter, please ca	11:	
EBLYS OL	IVA GATTOI	RNO	786 873-69-3 at () Area Code Day	2
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling 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 enclosed)

MAILING ADDRESS:

TO:

Registration Section 1

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

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

WONG CONSTRUCTION LLC

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:			全 万
New Registered Office Address:		2.755 2.755 7.755	
	Enter Florida street address		
	Florida _	55 3	l '
	City	= - Zip Code	و

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 = 7	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			□ Change
			□ Add
			🗀 Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			
			□ Remove
			□ Change

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tive date, if other than the date of filing:	(optional)
ffective date is listed, the date must be specific and cannot be prior to date of filing or r 1 If the date inserted in this block does not meet the applicable statutory filing.	more than 90 days after filing.) Pursuant to 60
ment's effective date on the Department of State's records.	
	No 12.01
ecord specifies a delayed effective date, but not an effective e 90th day after the record is filed.	time, at 12:01 a.m. on the ear
d 08/03/17	
Signature of a member or authorized representative	e of a member

Page 3 of 3

Filing Fee: \$25.00