

# L17000054259

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

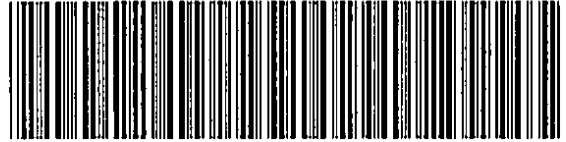
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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21 MAY 17 PM 1:20



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 MAY 17 AM 11:53

May 7, 2021

GUSTAVO TRUJILLO  
601 GROVE ST  
LAKE WORTH, FL 33461

SUBJECT: R S WPB CONTRACTING L L C  
Ref. Number: L17000054259

We have received your document for R S WPB CONTRACTING L L C and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews  
OPS

Letter Number: 021A00009528

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RS WPB Contracting 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:

GUSTAVO TRUJILLO  
Name of Person

RS WPB CONTRACTING LLC  
Firm/Company

601 GROVE ST  
Address

LAKE WORTH, FL 33461  
City/State and Zip Code

RSWPBContracting@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUSTAVO TRUJILLO at ( 561 ) 775-2713  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

Mailing Address:

~ Registration Section  
~ Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

21 MAY 17 PM 1:20

RS WPB CONTRACTING 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 MARCH 8, 2017 and assigned Florida document number L17000054259

This amendment is submitted to amend the following:

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

THUNDER RESTORATION LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

4597 PERTH RD  
WEST PALM BEACH  
FL 33415

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

601 GROVE ST  
LAKE WORTH  
FL 33461

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:

GUSTAVO TRUJILLO

New Registered Office Address:

601 GROVE ST

Enter Florida street address

LAKE WORTH

City

Florida

33461

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	YOSUANI RAMOS	4597 PERTH RD,	<input type="checkbox"/> Add
		WEST PALM BEACH	<input type="checkbox"/> Remove
		FL 33415	<input checked="" type="checkbox"/> Change
MGR	GUSTAVO TRUJILLO	601 GROVE ST	<input type="checkbox"/> Add
		LAKE WORTH	<input type="checkbox"/> Remove
		FL 33461	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated MAY 14, 2021

Signature of a member or authorized representative of a member

GUSTAVO TRUJILLO  
(Typed or printed name of signer)

**Filing Fee: \$25.00**