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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WEST TAMPA 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:
FRIDON HAD
Name of Person
WEST TAMPA CONSTRUCTION LLC
Firm/Company
4225 NORTH HUBERT AVE
TAMPA, FL 33614 City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
FRIDON HAD at (813) 789-1154 Area Code Daytime Telephone Number
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 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

	_	ACITON I	- L C		
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited L	ny as it now appears on ou iability Company)	<u>ır records.</u>)		
The Articles of Organization for this Limited Liab	oility Company	were filed on	30-201	7 and assig	ned
Florida document number <u>L170001185</u>	<u>-47</u> .				
This amendment is submitted to amend the follow	ring:				
A. If amending name, enter the new name of t	he limited liabi	lity company here:			
WEST Tampa CONSTRI	UCTION	LLC			
The new name must be distinguishable and contain the wor-	ds "Limited Liabili	ty Company," the designat	ion "LLC" or the a	bbreviation "L.L.(3. "
Enter new principal offices address, if applicab	ole:	FRIDON	/ HA	<u>ڻ</u>	
(Principal office address MUST BE A STREET	ADDRESS)	4225 N	ORTH	HUBERT	SAVE
		TAMPA,	FL 33	614	
				19	₹ <u>₹</u> 625
Enter new mailing address, if applicable:					2000 2000
(Mailing address MAY BE A POST OFFICE BO	<u>2X)</u>			<u></u>	30 1
					10 10 10 10 10 10 10 10 10 10 10 10 10 1
B. If amending the registered agent and/or	registered of	lice address on our	records enter	the name of	the new
registered agent and/or the new registered office			records, <u>enter</u>	the name of	the new
	60.0	1 160	_		
Name of New Registered Agent:	FRID	DON HA		·	
New Registered Office Address:	4225	NORTH HI Enter Florida stre	PERT Pel address	AVE	
	TAMP	<u>A</u>	, Florida	33614	1
		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

MGR = M $AMBR = M$	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	FRIDON HAD	4225 NORTH HUBERT AVE TH	AAA, FL 33614
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Filing Fee: \$25.00