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COVER LETTER

TO: Registration So Division of Co			
SUBJECT: MW	Construction an	d Remodeling LLC ited Liability Company	
	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:	
-			
	, Mo	anuel Villarroel.	_
	1	Name of Person	
		Firm/Company	
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	<u> 19190 Stover</u>	renge Cir. Apt 1218	<u> </u>
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Manuel Villa	of Person	at (100) Daytin	1022. me Telephone Number
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Enclosed is a check for the	I		
□ \$25.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
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	ING ADDRESS:		HER ADDRESS:
	ration Section on of Corporations	Registration Section Division of Corporation	
	ox 6327	Clifton Building	-···
	assee, FL 32314	2661 Executive C	Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MW Constr	ruction and Remodeling LLC
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records) a Limited Liability Company)
The Articles of Organization for this Limited Liability C	Company were filed on Nember 22, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	tited Liability Company," the designation "LLC" or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, enter the name of the new ress here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code

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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Villamoel, Manuel	10195 Storeheige Cir. Apt 121	<u>8.</u> ■ Add
		10195 Stoneherge Cir. Apt 121 Boynton Beach, FL 33437	Remove
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	ther than the date of			(optional)
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cument's effective	e date on the Departme	ent of State's records.		
record specifi	es a delayed effec	tive date, but not a	n effective time, at 12	2:01 a.m. on the earlier
	after the record is			
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	Signatur	re of a member or authorize	ed representative of a member	•
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Page 3 of 3

Filing Fee: \$25.00