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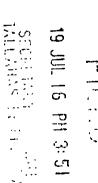
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JUL 23 2019



COVER LETTER

TO:

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SUBJECT:		Name of Lim	ited Liability Company							
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			Name of Person							
			Firm/Company							
		10	NSTRUCTION AND REMODELING LLC Name of Limited Liability Company nent and fee(s) are submitted for filing, concerning this matter to the following: Wilfredo Rivas Name of Person Firm/Company 101 S Federal Hwy 660 Address Boynton Beach Fl 33435 City/State and Zip Code mwconstruction c11@gmail.com E-mail address: (to be used for future annual report notification) or this matter, please call: Rivas at (786) 5808826 Area Code Daytime Telephone Number Fing amount: 0.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed) DRESS: ction Drivision of Corporations Clifton Building							
		• •								
		Boy								
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		E-mail address; (to be used for future annual	report notificat	ion)					
For further in		oncerning this matter, please ca	all:							
.		edo Rivas	ar ()							
	Name of	Person	Area Code	Daytime Te	lephone Number					
Enclosed is a	check for th	e following amount:								
□ \$25.00 Fi	iling Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy		Certificate of Status &					
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registra Division Clifton I 2661 Ex	tion Section of Corporatio Building ecutive Center	ons r Circle					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

MW CONSTRUCTION AND REMODELING 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 Liabi	ility Company v	vere filed on Nove	mber 22, 20	017 and assig	ned
Florida document numberL170002408	344			자 기 등	
This amendment is submitted to amend the following. A. If amending name, enter the new name of the	ing:	ity company here:		JUL 16 PH 3	<u> </u>
The new name must be distinguishable and contain the words	s "Limited Liabilit	y Company," the designa	tion "LLC" or the al	bbreviationL.	C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A		10170 Stone Boynton Be	•		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE ROX)		10170 Stonel Boynton Bea	-		
B. If amending the registered agent and/or registered agent and/or the new registered office			records, enter	the name of	the new
Name of New Registered Agent:		Wilfredo	Rivas		
New Registered Office Address:	10170 St	onehenge Cir			
_	•	nton Beach	Florida	33437 Zip Code	
New Registered Agent's Signature, if changing Regi	istered 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>	Name	Address	Type of Action
MGR	Manuel Villarroel	101 S Federal Hwy 660	🗖 Add
		Boynton Beach, FI 33435	Remove
			☐ Change
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	specifies a h day after			ite, but no	an effe	ctive tim	e, at 12:	01 a.m.	on the ear	rlier (
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Pated		Sign	nature of a me	ember or autho	rized repres	sentative of	a member	<u>-</u>		

Page 3 of 3

Filing Fee: \$25.00