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HAR 30 2019 J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WINDELL'S CONSTRUCTION SERVICES 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:
Windell BENNETT
Windell's Construction SERVICES ICC Firm/Company
958 SW PAAR DR Address
Port SAM Jule FL 34953 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 715 - 1817 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

TO ARTICLES OF ORGANIZATION OF

WINDELL'S CONSTUCTION SERVICES "L.L.C"

(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our re orida Limited Liability Company)	ecords,
The Articles of Organization for this Limited Liability Florida document number <u>L18000004964</u>		8 and assigned
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	imited liability company here:	
WINDELL'S CONSTRUCT The new name must be distinguishable and contain the words "	TON SERVICES L.L. Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		MAR 29 PT
B. If amending the registered agent and/or re registered agent and/or the new registered office a		cords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street d	address
	22.10. 1 20.000	, Florida
	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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MAR	Shellian Bennett	950 SW PAAR, Port St Lucie FL	10 Add
		34953	□ Remove
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Effective date, if other than the date of filing: (options) (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.	al) ing.) Pursuant to (505.0207 (3)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date	ate will not be l	isted as the
document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m	n. on the ear	rlier of:
) The 90th day after the record is filed.	50 2	
		Carefords
Dated MArch 26, 2018.	2818 MAR 29 SECRETARIO IALLAHASS	1 !
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Signature of a member or authorized representative of a member		m
	F STATE	
WindELL Bennett Typed or printed name of signee	ORIO,	
Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00