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(Requestor's Name)
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PICK-UP WAIT	MAIL
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Special Instructions to Filing Officer:	
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COVER LETTER

Division of Cor	rporations		
Windell's C	Construction Services LLC		
Sobject.	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:	
	Windell Bennett		
		Name of Person	
	Windell's Construction Se	rvices LLC	
		Firm/Company	
	952 SW Paar Dr		
		Address	
	Port Saint Lucie, Florida 3	4953	
	wbzbennett@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	all:	
Windell Bennett		786 715-1817 at () Area Code Daytime	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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 Construction Services LLC		
(Name of the Limite	d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)
he Articles of Organization for this Limited Lia orida document number	bility Company were filed on	25/2018 and assigned
nis amendment is submitted to amend the follo	wing:	
. If amending name, enter the new name of	the limited liability company her	<u>e</u> :
e new name must be distinguishable and contain the wo	rds "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applica	ble:	
rincipal office address MUST BE A STREET	ADDRESS)	
		IF 8
nter new mailing address, if applicable:		NOT B SHOLS
lailing address MAY BE A POST OFFICE B	(AV)	<u> </u>
rations detailess WAT BE A 1 051 OFFICE B	<u></u>	× jet
		2: (a)
. If amending the registered agent and/o	r registered office address on	ر بر
gistered agent and/or the new registered offi		our records, enter the name or the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	la street address
		, 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
VP	Marlon Remike	952 SW Paar Dr	
		Port Saint Lucie, Fl 34953	■ Remove
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<u> Yote:</u> I	te date, if other than the date of filing: _ tive date is listed, the date must be specific and can f the date inserted in this block does not meet int's effective date on the Department of State	the applicable stat	i filing or more than 90 tutory filing requiren	(optional) days after filing.) Pursua ments, this date will no	nt to 605.020 t be listed a
e reco	ord specifies a delayed effective date 90th day after the record is filed.	e, but not an e	ffective time, at	12:01 a.m. on the	e earlier o
Dated _	June 12.	<u> 2018</u> .			

Page 3 of 3

Filing Fee: \$25.00