L18000026255

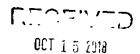
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	_
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COVER LETTER

	Registration Sec Division of Corp				
euniear		Vaterproofing, LLC			
SUBJEC	1:	Name of Limited Liability Company			
The enclo	sed Articles of a	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		Anthony Cornwell			
		Cornwell Waterproofing,	Name of Person LLC		
		2752 Daybreak Dr	Firm/Company		
		Orlando, FL 32825	Address		
		cwtony4@gmail.com	City/State and Zip Code		
			to be used for future annual report notif	ication)	
For furthe	er information co	oncerning this matter, please ca	ail:		
Anthony	Cornwell		407 832-3366 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
\$25.0	0 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:

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

Cornwell Waterprooting, LLC	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	oears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	1/30/2018 and assigned
Florida document number L18000026255	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company</u>	<u>/ here</u> :
he new name must be distinguishable and contain the words "Limited Liability Company," the	he designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>
Principal office address MUST BE A STREET ADDRESS)	
	·
Inter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
	.* 5
3. If amending the registered agent and/or registered office address egistered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address: Enter	Florida street address
City	, Florida Zip Code

iew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany 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>	<u>Name</u>	Address	Type of Action
AMBR	Kyle Adams	712 Baywood Cir. Sanford, Ft 32773	
			☐ Remove
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10/11/2018 fective date, if other than the date of filing:	
n effective date is listed, the date must be specific and cannot be prior to tee: If the date inserted in this block does not meet the applical cument's effective date on the Department of State's records.	o date of filing or more than 90 days after filing.) Pursuant to 605.02
record specifies a delayed effective date, but not The 90th day after the record is filed.	an effective time, at 12:01 a.m. on the earlier
October 11 2018	
lkn of	_
Signature of a member or author	rized representative of a member

Page 3 of 3

Filing Fee: \$25.00