

418000205632

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

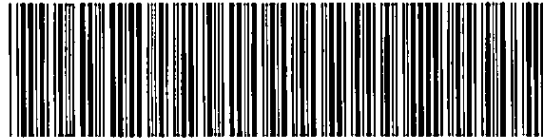
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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N COOPER

SEP 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W.B.D. Construction 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:

Michal Vazquez

Name of Person

Firm/Company

4630 Kirkman Road #403

Address

Orlando, FL. 32811

City/State and Zip Code

Michalvazquez02@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michal Vazquez

Name of Person

at (407)

Area Code

738-2705

Daytime Telephone Number

Enclosed is a check for the 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:
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**

W.B.D. Construction 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 Liability Company were filed on August 28, 2018 and assigned
Florida document number L18000205632

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida 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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Mi'Chal Vazquez	4630 Kirkman Rd. #403	<input checked="" type="checkbox"/> Add
		Orlando FL. 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Mi'Chal Vazquez	4630 Kirkman Rd. #403	<input checked="" type="checkbox"/> Add
		Orlando, FL. 32811	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Admin	Maria Mixon	81 Windtree Lane	<input checked="" type="checkbox"/> Add
		Winter Garden FL 34787	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I, Frankie J. Vazquez, would like to
add Michal Vazquez as a registered
agent along with mine (Frankie J. Vazquez)
I want both names if possible.

Any questions, please contact admin
officer, Maria Mixon at Mariamixon@gmail.com
or 321-438-7867

* IF Both Names cannot be on Registered
agent section, then just leave as is.
Thank you.

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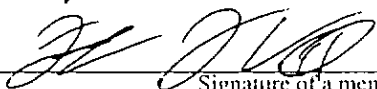
E. Effective date, if other than the date of filing: _____ (optional)

(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.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 8/30/18



Signature of a member or authorized representative of a member

Frankie Vazquez

Typed or printed name of signee