

L18000239090

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FEB 15 2021
S. YOUNG

2021 JAN -7 PM 4:49

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WGM 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:

Name of Person

LEGIT CONSULTING SERVICES LLC

Firm/Company

6735 CONROY WINDERMERE RD 233

Address

ORLANDO-FL 32835

City/State and Zip Code

INFO@LEGITCS.COM

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

For further information concerning this matter, please call:

FABIANA DE BARROS

407

2852290

at (_____) _____

Name of Person

Area Code

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

WGM 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 10/09/2018
Florida document number L18000239090

2020 JAN - 13 PM 4:49

This amendment is submitted to amend the following:

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

ARMOUR EXTERIORS ENGINEERING LLC

The new name must be distinguishable and contain the words "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 ADDRESS)

5401 SOUTH KIRKMAN RD 310

ORLANDO-FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1971 CORPORATE SQ

LONGWOOD-FL 32750

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>
AMBR	DE MOURA, WILLYANS G	1971 CORPORATE SQ	<input type="checkbox"/> Add
		LONGWOOD-FL 32750	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ARAUJO, CARLOS	1971 CORPORATE SQ	<input checked="" type="checkbox"/> Add
		LONGWOOD-FL 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ARAUJO, LEONARDO	1971 CORPORATE SQ	<input checked="" type="checkbox"/> Add
		LONGWOOD-FL 32750	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

Dated DECEMBER 22, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee