48000271846

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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COVER LETTER

	gistration Sec vision of Corp				
SUBJECT:	WWR CONSTRUCTION LLC				
SOBJECT.					
The enclosed	d Articles of i	Amendment and fee(s) are subn	nitted for filing.		
Please return	n all correspor	ndence concerning this matter t	o the following:		
		WALTER A RODRIGUEZ	:		
		<u> </u>	Name of Person		
		WWR CONSTRUCTION I	LLC		
			Firm/Company		
		1156 TURTLE CREEK DE	t s		
			Address		
		JACKSONVILLE, FL 322	18		
			City/State and Zip Code		
		WWR.DRYWALL@GMAI			
		E-mail address: (to	o be used for future annual report not	fication)	
For further i	information c	oncerning this matter, please ca	II:		
WALTER A RODRIGUEZ		904 520-9673			
Name of Person		at () Area Code Dayûn	ne Telephone Number		
Enclosed is	a check for th	ne 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**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

WWR CONSTRUCTION LLC

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

Black Control of the State of t The Articles of Organization for this Limited Liability Company were filed on 11/26/2019 and assigned Florida document number _____18000271846 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) 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:

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.

City

Enter Florida street address

Elorida

Zip Code

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
MGR	WALTHER Y RODRIGUEZ CAC	1156 TURTLE CREEK DR S	■ Adđ
		JACKSONVILLE, FL 32218	□ Remove
		-	☐ Change
			□ Remove
			Change
			Change
			Remove
			☐ Change
			Add
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			🖸 Add
			☐ Remove
			Change

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	07/11/2019
(If an eff Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
	7/11/2019
Dated	

Typed or printed name of signee