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JUL 0 8 2019 S. YOUNG

COVER LETTER

TO: Registration So Division of Cor			
subject: <u>G</u> C	MWF Co Name of Lin	DISTUCTION L nited Liability Company	<u>LC</u>
The enclosed Articles of	Amendment and feers) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Mane of Person	
	- Kickm2	LLC	
	~ 1.5	Firm/Company	
	- 1624 h	Gr. HSDUST Address	
		E. FL 325 610	7
	CORDORIC	City/State and Zip Code KM2 (25) to be used for future annual report noti	fication)
For further information co	oncerning this matter, please cr	all:	
(iminta) Name of	<u>Minitaril</u> Z Person	at (<u>\$\$Z</u>) <u>\$\langle 17-</u> Area Code Daytimo	5764 e Telephone Number
Enclosed is a check for th	e 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

TO ARTICLES OF ORGANIZATION OF

GOH NWF Constru	tion LLC	,
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appears on our lability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number $\angle 1900052139$.		1
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil \mathcal{N}/\mathcal{A}		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	n "LLC" or the abbreyiation LL.C."
Enter new principal offices address, if applicable:	NIA	上
(Principal office address MUST BE A STREET ADDRESS)		12
Enter new mailing address, if applicable:	N/A	# 21
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our re :	ecords, <u>enter the name of the n</u> o
Name of New Registered Agent: D/	4	
New Registered Office Address:		
	Enter Florida street	address
		Florida
New Registered Agent's Signature, if changing Registered Agent:	City	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr	performance of my duti	es, and I am familiar with and

ova 1 of 2

NA

If Changing Registered Agent, Signature of New Registered Agent

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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Mryc	Carlos Rosendez-Novario	670 Denton Blud	_X Add
)		1670 Denton Blud Tort Walton Boach, FL 32547	7 □ Remove
			Change
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			_□ Remove
			☐ Change

thease add-the above personas managerto
The congressey They have 0% monership of the
Company Transme other were oriners
Carlos Resenderz-Navarro
1670 Denton Blid
Fort Walton Beach PC 3254)
E. Effective date, if other than the date of filing: (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)00 Note: If the date inverted in this block described and cannot be prior to date of filing or more than 90 days after filing.)
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 Suke 19. 2019
13 110 110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Signature of a member or authorized representative of a member
Csoar O. Mr. time?
Typed or printed name of signee

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Filing Fee: \$25.00