

L19 000082325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

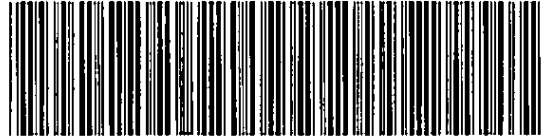
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WS CONSTRUCTION GROUP, 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.

WILLIAM SANTOS DA SILVA

Name of Person

WS CONSTRUCTION GROUP, LLC.

Firm/Company

7595 BAYMEADOWS CIR W # 1711

Address

JACKSONVILLE FL 32256-1859

City/State and Zip Code

INFO @ PROVISION GP. COM

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

For further information concerning this matter, please call:

DAVID L VARGAS

Name of Person

at (904)

Area Code

339 3285

Daytime Telephone Number

WILLIAM SANTOS DA SILVA

904

891-5653

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
OF
ARTICLES OF ORGANIZATION
OF

WS CONSTRUCTION GROUP, 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 03/25/2019 and signed

Florida document number L19000082325

This amendment is submitted to amend the following:

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

PROVISION GROUP, 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)

11052 SANTA FE ST N

JACKSONVILLE FL 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11052 SANTA FE ST N

JACKSONVILLE FL 32246

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:

DAVID L VARGAS

New Registered Office Address:

11052 SANTA FE ST. N.

Enter Florida street address

JACKSONVILLE

Florida

32246

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 record:

MGR = Manager


AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>WILLIAM SANTOS DA SILVA</u>	<u>7595 BAYMEADOWS CIR W</u>	<input type="checkbox"/> Add
		<u># 1711</u>	<input checked="" type="checkbox"/> Remove
		<u>JACKSONVILLE, FL 32256</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>DAVID L VARGAS</u>	<u>11052 SANTA FE ST. N.</u>	<input checked="" type="checkbox"/> Add
		<u>JACKSONVILLE, FL 32246</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>WILLIAM SANTOS DA SILVA</u>	<u>7595 BAYMEADOWS CIR W</u>	<input checked="" type="checkbox"/> Add
		<u># 1711</u>	<input type="checkbox"/> Remove
		<u>JACKSONVILLE, FL 32256</u>	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee