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2022 APR -4 AM 10: 30
SECRETALY OF STATE

A. BUTLER APR 1 8 2022

COVER LETTER

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eup itz		NERAL CONSTRUCTION I.I.	.c	
SUBJEC	-1; <u> </u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter	·	
		w	ALTER F CARRANZA	
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		WALJ GE	NERAL CONSTRUCTION LLC	
			Firm/Company	
			3035 NW 212 ST	
			Address	
		MIA	AMI GARDENS FL 33056	
			City/State and Zip Code	
			JOS2@GMAIL.COM	
		E-mail address: (to be used for future annual report not	tification)
For furth	er information o	oncerning this matter, please c	all:	
	WALTE	R F CARRANZA	786 9701094	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for the	ne following amount:		
□ \$ 25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encksed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration		<u>Street Address:</u> Registration Se	ection
	Division of Corporations		Division of Corporations	
	P.O. Box 632		The Centre of 2415 N. Monre	
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ILED

2022 APR -4 AM 10: 30

WALJ GENERAL COSTRUCTION LLC L COSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our executs DF STATE

(A Florida Limited Liability Company) IALLAHASSEE, FL 3/30/2022 The Articles of Organization for this Limited Liability Company were filed on _____ and assigned L19000259311 Florida document number _____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WALJ GENERAL SERVICE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 3035 NW 212 ST MIAMI GARDENS FL 33056 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: Enter Florida street address

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.

City

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>	Address	Type of Action
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			□Remove
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Filing Fee: \$25.00