## L19000273974

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: A3 A CONSTRUCTION and Demodeling LO 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:
Wilson A. Rincon Sanchez Name of Person
Firm/Company
7431 Dickens Auf # 4
Migmi Beach F1 33141 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Wilson A Mincon at (786) 458-5260  Name of Person at (786) 458-5260  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$\text{\$\subseteq}\$\$\$\subs
Mailing Address:  Street Address:  Designation Soution

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19600273974</u> .	were filed on November 01, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
WRS Construction and Ren The new name must be distinguishable and contain the words. Limited Liabi	lity Company." the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Minmi Derch, Fl 3041
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1784 Marseille Dr計で Micimi Beach, F1 33月1日
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
MGR		1784 Marseille Dr#2	
	Somher (correction of name)	Micmi Boach, F13141	□Remove
	(concention of the )		XChange
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 ote: If the date inserted in this block does not meet the applicable statutory filing requirent occument's effective date on the Department of State's records.	(optional) days after filing.) Pursuant to 605.020 ments. this date will not be listed a
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlist filed.	lier of: (b) The 90th day after the
ated January 24 . 2020.	
Signature of a member or authorized representative of a memb	and the same of th

Filing Fee: \$25.00