L20000026025

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TO: Registration Section
Division of Corporations

SUBJECT:	WE BUILD CO	NSTRUCTION CO., LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	• .
		Ebony Jones	
		Name of Person	Ċ
		We Build Firm/Company	
		типисонрацу	
	380	1 Avalon Park East Blvd., Suite	340
		Address	
		Orlando, FL 32828	
		City/State and Zip Code	
	E-mail address: (we.build@icloud.com to be used for future annual report no	tification)
For further information c	concerning this matter, please c	all:	
	y Jones	at (<u>626</u>) <u>926-6763</u>	
	i Person	Area Code Daytii	me Telephone Number
:			
Enclosed is a check for the	he following amount:		
☐ \$25.00 Filing Fee	XI \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose
Mailing Addres	is:	Street Address:	
Registration S		Registration Se	ection
D1 1 1 20		151 1 1 00	•

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 ORGANIZATION OF

WE BUILD CONSTRUCTION	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	<u>w appears on our records.</u>) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>L20000026025</u>	d on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
We Build Commercial, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compar	iy," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	Ž
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	•
	412
	22
3. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	
gent and/or the new registered office address nerv.	
Name of New Registered Agent:	
New Registered Office Address:	
E	inter 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

Florida __

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MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if other than the date of effective date is listed, the date must be specified. If the date inserted in this block does ument's effective date on the Department.	not meet the applic	able statutory:	or more than 90 days	optional) safter filing.) Pu s. this date will	rsuant to 605,020 not be listed a
cord specifies a delayed effective date, but filed.	ut not an effective ti	me, at 12:01 a	.m. on the earlier (of: (b) The 90	th day after the
ed June 2		<u> </u>			
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Signature	e of a member or auth	Fixed represents	ative of a member		