L20000065889

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| PICK-UP WAIT MAIL |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filian Officer |
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Office Use Only



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TALLAHASSEF STATE

COVER LETTER

TO:

Registration Section

| Division of Co | rporations | | | | |
|--|---|---|--|--|--|
| WW SIDIECT. | A CONSTRUCTION LLC | | | | |
| SUBJECT: | Name of Lin | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | EDNA MENDEZ | | | | |
| | | Name of Person | | | |
| | EMPIRE BUSINESS & T | | | | |
| | | Firm/Company | | | |
| | 120 BROADWAY AVES | SUITE 302 | | | |
| | | Address | - | | |
| | KISSIMMEE, FL 34741 | | s 2 | | |
| | ednamende <i>zar</i> empirebta.co | City/State and Zip Code | 922 SE ECRE TALL | | |
| | F-mail address: (| to be used for future annual report not | dicution) | | |
| For further information of | concerning this matter, please e | • | SECRETARY OF STAIL AHASSEE, FI | | |
| EDNA MENDEZ | | 407 613-0850 at () Area Code Daytin | E S | | |
| Name c | of Person | Arca Code Daytin | ne Telephone Number | | |
| The state of the state of the state of | S. F. H | | | | |
| Enclosed is a check for t | • | | | | |
| ☐ \$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 Addre | | Street Address: | | | |
| Registration | | Registration Se | | | |
| Division of C P.O. Box 632 | | Division of Co | | | |
| Tallahassee, | | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WWA CONSTRUCTION LLC | | | |
|--|---|--|-------------------------------------|
| (Name of the Lim | ited Liability Compa (A Florida Limited) | ny as it now appears on our Lability Company) | records.) |
| The Articles of Organization for this Limited I Florida document number <u>L20000065889</u> | Liability Company | were filed on $\frac{02/28/2020}{}$ | and assigned |
| This amendment is submitted to amend the fol | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if appli | cable: | 800 PALMETTO AVE | |
| (Principal office address MUST BE A STRE. | ET ADDRESS) | MELBOURNE, FL 3290 |)] |
| Enter new mailing address, if applicable: | | 800 PALMETTO AVE | 2022 SE SECRET |
| (Mailing address MAY BE A POST OFFICE BOX) | | MELBOURNE, FL 3290 | HASS |
| B. If amending the registered agent and/or agent and/or the new registered office addr | registered office : ess here: | address on our records, | enter the name of the new registere |
| Name of New Registered Agent: | EMPIRE BUSI | NESS & TAX ADVISORS | . LLC |
| New Registered Office Address: | 120 BROADW | AY AVE SIJITE 302 | |
| | | Enter Florida street | address |
| | KISSIMMEE | | Florida 34741 |
| | | City | 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, Senature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person-being added or removed from our records:</u>

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|-------------------------|---------------------|-----------------|
| AMBR | MARINHO DE ANDRADE, WES | 2232 VICTORIA DR | ∐Add |
| | | DAVENPORT, FL 33837 | □Remove |
| | | | ■Change |
| AMBR | MAYS, WILLIAM, G II | 153 MAIN ST | 🗀 Add |
| | | DANSVILLE, NY 14437 | □Remove |
| | | | ≡ Change |
| | | | f7Add |
| | | | 202ESEP |
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| <u>-</u> | | | TA CIRCUMOVE |
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