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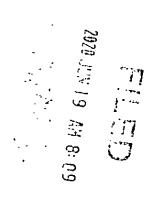
(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates of	of Status
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COVER LETTER

10:

Registration Section

Division of Co	rporations	•	
· TOTAL C	ONSTRUCCION WE LLC	Š	*
SUBJECT:		S. 17 (195 - Z)	
	Name of Lim	ited Liability Company	
The enclosed Articles of	*Amendment and fee(s) are sub	mitted for filing.	
Pleuse return all corresp	ondence concerning this matter	to the following:	
	WILBERTO FUENTES C	LARO	
		Name of Person	
	TOLTAL COSTRUCCION	N WF LLC	
		Firm Company	
	2919 SW 14 ST		
		Address	
	МІАМІ , FL 33145		
		City/State and Zip Code	
	wilbertofuentesclaro@yaho		
	E-mail address: (to be used for future annual report notif	fication)
or further information	concerning this matter, please c	all:	
WILBERTO FUENTES	S CLARO	386 8719834	
Name	of Person	at () Area Code — Daytimo	e Telephone Number
nelosed is a check for t	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 Addre		Street Address:	ation
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 63		The Centre of T	•
Tallahassee,	FL 32314	2415 N. Monroe Tallahassee, FL	e Street, Suite 810 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TOTAL CONSTRUCCION WE LLC		man and a second a		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	0		
The Articles of Organization for this Limited Liability Compan Florida document number £2000007622		and Resigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
TOTAL COSNTRUCCION WE LLC				
On new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	2919 SW 14 ST			
(Principal office address MUST BE A STREET ADDRESS)	MHAMI . FL 33145			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the n</u>	ame of the new registered		
Name of New Registered Agent: WILBERTO	WILBERTO FUENTES CLARO			
New Registered Office Address:				
	Enter Florida street address			
	, Florida			
	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 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
AMBR	WILBERTO FUENTES CLARO	2919 SW 14 ST MIAMI , FL 33145	⊆ Add
			□Remove
			Change
VP	WILFREDO FUENTES CLARO	2919 SW 14 ST MIAMI, FL 33145	
			≡ Remove
MGR	YUDANIA TORREZ RAMIREZ	2919 SW 14 ST MIAMI, FL 33145	= Add
			□Remove
		<u> </u>	TChange
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Tective date, if other than an effective date is listed, the date ofe: If the date inserted in the retiment's effective date on the	e must be specific and canno iis block does not meet th	e applicable statutory	g or more than 90 days :		
record specifies a delayed eff as filed.	ective date, but not an eff	ective time, at 12:01	a.m. on the earlier of	: (b) The 90th day afte	er the
ated	10;	AM			
	ē				
ist					
	Signature of a member	r or authorized represen	dutive of a member		