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Office Use Only

COVER LETTER

	istration Section sion of Corporations	
SUBJECT:	Name of Limited Liability Company	<i>)</i>
The enclosed	Articles of Amendment and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matter to the following:	
	Lee Lasse tere Name of Person	
	Name of Person	
	WSN Construction, LLC	
	Firm/Company	
	465 Dogwood Drive Address	
	Havena, FL 32333 City/State and Zip Code lee @ dirtwork. biz	
	City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
	Lee Lassetee at (850) 545 6249 Name of Person Area Code Daytime Telephone Number	
	Name of Person Area Code Daytime Telephone Number	
Enclosed is a	check for the following amount:	
∑/\$25.00 F	(additional copy is enclosed) Certified C	of Status &

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

Street Address: 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**

(A)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on <u>Tune 16, 2020</u> an Florida document number <u>L20000166657</u> .	nd assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation	on "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Havana, FL 32333	2027 FED
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Havana, FL 32333	30
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of th</u> agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address: 465 Dogwood DRIVE Enter Florida street address 232	
Havana, Florida 323 City Zip	0 3 7 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, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member					
<u>itle</u>	<u>Name</u>	Address	Type of Action		
MER	Kimberly A. Nelson		□Add		
			□Remove		
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ord specifies a de	elayed effective date,	but not an effec	tive time, at 12	!:01 a.m. on t	he earlier of: ((b) The 90th	day after
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Filing Fee: \$25.00