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(Re	equestor's Name)	
(Ad	idress)	
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(Cit	ty/State/Zip/Phone	= #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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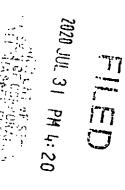
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S. YOUNG



COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		e.	
	CONSTRUCTION LLC	-		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	WILLIAM A MARTTER	JR		
		Name of Person		
	WILMEK CONSTRUCTI	ON LLC		
		Firm/Company		
	1780 NE 118TH AVE RD			
		Address		
	SILVER SPRINGS, FL 34	488		
		City/State and Zip Code	 	
	WILMEKCONSTRUCTIO	-		
.		to be used for future annual report not	ification)	
For further information c	oncerning this matter, please c	all:		
WILLIAM A MARTTE	R JR	352 274-2718 at ()		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$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 enclosed)	
Mailing Addres		Street Address:		
Registration S Division of C		Registration Se Division of Co		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILMEK CONSTRUCTION LLC		20
(Name of the Limited Li (A Fl	ability Company as it now appears on our records, orida Limited Liability Company)	T T
The Articles of Organization for this Limited Liabili	ty Company were filed on 06/22/2020	and assigned
Florida document number 1.20000172215		子口
This amendment is submitted to amend the following	ā.	R +: 20
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 "L.L.C."
Enter new principal offices address, if applicable	<u> </u>	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
_	, Flo	rida 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>	<u>Address</u>	Type of Action
AMBR	INGRID SERNA	1308 EVERGREEN PARK CIRCLE	■Add
		LAKELAND, FL 33813	□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Remove
			Change
			□Add
			Remove
		Change	
			□Add
			Remove
			□ Change

. If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
	<u> </u>
Note: If the date inserte	r than the date of filing:
he record specifies a dela- ord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated JULY 27	. 2020
	Signature of amen/ber or authorized representative of a member
	William A Martter Tr. Typed or printed name of signce