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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CONTRACTORS REPORTING SERVICES, INC.

Account Number : 120050000099

: (813)932-5244

Fax Number

: (813)932-3782

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: INFO@ACTIVATEMYLICENSE.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WORTHY BUILDING COMPANY LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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COVER LETTER

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TO: Registration Section Division of Corporations

SUBJECT: WORTHY BUILDING COMPANY LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREA SPAS

Name of Person

CONTRACTORS REPORTING SERVICE INC

Firm/Company

13795 N NEBRASKA AVE

TAMPA, FL 33613

City/State and Zip Code

info@ activatemylicense.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREA SPAS

932-5244

Name of Person

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fec

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy

Certificate of Status & Certified Copy (additional copy is enclosed)

(additional copy is enclosed)

☐ \$60.00 Filing Fee,

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 Taliahassee, FL 32303

From: Andrea Spas

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Page: 4 of 6

WORTHY BUILDING CON (Name of the Limi	IPANY LLC ted Liability Company (A Florida Limited Liab	as it now appears on o	our records,)
The Articles of Organization for this Limited L Florida document number L21000041872			
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabilit	y company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable: _		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE			
B. If amending the registered agent and/or agent and/or the new registered office addre		dress on our record	ds, enter the name of the new register
Name of New Registered Agent:	KARL J WEBER	л	
New Registered Office Address:	28243 PABLO PI	CASSO DR	
TO I TO STATE OF THE STATE OF T		Enter Florida st	reet address
	ENGLEWOOD		, Florida <u>34223</u>
		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, Signature of New Registered Agent

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 (((H21000088684 3)))

Page: 5 of 6

<u>Title</u>	Name	Address	Type of Action
PRES	KARL J WEBER JR	28243 PABLO PICASSO DR	□ Add
		ENGLEWOOD, FL 34223	≡Rcmove
			Change
PRESIDENT	KARL J WEBER JR	28243 PABLO PICASSO DR	≣Add
		ENGLEWOOD, FL 34223	□Remove
			☐ Change
CEO KARL J WEBER JR	KARL J WEBER JR	28243 PABLO PICASSO DR	≅Add
		ENGLEWOOD, FL 34223	□ Remove
		Change	
			□ Add
			□Rcmove
			Change
	·		DAdd
			□Remove
			Change
			□ Add
			□Remove

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Fax: 18139325244

From: Andrea Spas

To:

Fax: (850) 517-6383

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ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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econ is fil	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ted .	03/04/2021
	Signature of a member or authorized representative of a member
	Kall Lies
	NACL WESDE