Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000297377 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ALEXANDER ALMONTE, ESQ/I INCORPORATE LTD.

Account Number : I20070000019 : (518)689-1212 Fax Number : (518)432-0742

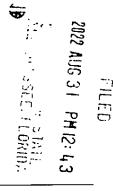
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email | Address: | | _ | |
|-------|----------|--|---|--|
| | | | | |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AW CONSTRUCTION MANAGEMENT LLC

| Certificate of Status | 1 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | \$30.00 |



Electronic Filing Menu

Corporate Filing Menu

 $\check{H}elp^{EM!EUX}$ SEP - 1 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| AW CONSTRUCTION MANAGE | MENT LLC | | | | |
|---|--|--|-----------------------|-------------------------|----------|
| (Name of the Limit | ed Liability Compa (A Florida Limited I | iny as it now appears on our rec Liability Company) | ords.) | | |
| The Articles of Organization for this Limited L Florida document number L21000101052 | iability Company | were filed on 03/09/2021 | | and assigned | |
| This amendment is submitted to amend the foll | owing: | | | | |
| A. If amending name, enter the new name o | f the <u>limited liab</u> | ility company here: | | | |
| The new name must be distinguishable and contain the v | vords "Limited Liabi | lity Company," the designation "I | LC" or the abbrev | viation "L.L.C." | _ |
| Enter new principal offices address, if applicable: | | 2464 SENTRY PALM DR. | | | |
| (Principal office address MUST BE A STREE | #5311 | | | | |
| Trincipal office address From XXX 10 STORES 1, 120 STORES | | APOPKA, FL 32703 | | | |
| Enter new mailing address, if applicable: | | 2464 SENTRY PALM DR. | , <u> </u> | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | #5311 | | | |
| | | APOPKA, FL 32703 | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addresses | registered office ess here: | address on our records, <u>en</u> | ter the name o | 200 AUG 3 | |
| Name of New Registered Agent: | | | | <u> </u> | <u>-</u> |
| New Registered Office Address: | 2464 SENTRY | 7 PALM DR., #5311 | | = <u></u> | <u></u> |
| | | Enter Florida street ad | ldras | 12: 13:14: 13:14: | |
| | APOPKA | | , Florida <u>3270</u> | ³⁵⁷ చ్ | |
| | | 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.

/s/ AURELIUSZ WYRZYCHOWSKI

_____ 🖸 Remove

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 = M $AMBR = A$ | lanager authorized Member | | |
|--------------------|---------------------------------------|--------------|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| | · · · · · · · · · · · · · · · · · · · | | |
| | | | □ Remove |
| | | . | □Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |
| | <u> </u> | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | CAdd |
| | | | □Remove |
| | | | □ Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | |

| | 41-7-7-7 |
|---|--|
| | |
| | |
| <u> </u> | |
| | |
| | |
| | |
| | |
| | |
| | |
| • | |
| | |
| | |
| | |
| - | |
| wite | |
| | |
| | |
| Effective date, if other than the dat | te of filing: (optional) |
| If an effective date is listed, the date must be: | specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 colors not meet the applicable statutory filing requirements, this date will not be listed as |
| e record specifies a delayed effective da rd is filed. | atc, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| | |
| Dated | |
| | /s/ AURELIUSZ WYRZYCHOWSKI |
| Dated AUGUST 31ST Sign | |