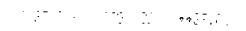
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COVER LETTER

Tallahassee, FL 32314

	stration Se ion of Cor			
		vage & Construction LLC		
SUBJECT: _		Name of Lim	ited Liability Company	
The enclosed A	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return a	ll correspo	ndence concerning this matter	to the following:	
		Pam Myers		
			Name of Person	
		Pam Myers tax Service		
			FirmvCompany	
		1691 Main Street Suite 3		
			Address	
		Chipley FL 32428		
		josephdpamela@bellsouth.r	City/State and Zip Code tet to be used for future annual	
For further info	ormation c	oncerning this matter, please c	all;	
Pam Myers			850 67	76-4373
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a c	heck for th	e following amount:		2
■ \$25.00 Fill	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is en	Certificate of Status
Regi: Divis	ng Address stration S sion of C Box 632	Section orporations	Divisio	address: ration Section on of Corporations entre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W & W Salvage & Construction LLC (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 $\frac{\text{June }17,2021}{\text{Lin}}$ ____ and assigned Florida document number 1.21000282796 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Ciry 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
MGR	John C Williams	537 Tri County Rd., Graceville, FL 32440	🗆 Add
			=Remove
MGR	Joseph C Williams	537 Tri County Rd., Graceville, FL 32440	= Add
			□Remove
			□Change
			□Add
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Filing Fee: \$25.00