L21000322856





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09/21/2021 JH RECEIVED FILED

2021 SEP 21 AM 8: 02021 SEP 21 PM 3: 19

COVER LETTER

Registration Section Division of Corporations

TO:

MATTHE SUBJECT:	WS PRO CONSTRUCTION L	LC	
300at.c1.	Name of Lin	nited Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	· ·	
	-	to the following.	
	JEREMY ALSINA		
		Name of Person	
	MATTHEWS PRO CONS	STRUCTION LLC	
	-	Firm/Company	
	2835 MAINGATE VILLA	GE CIR	
		Address	
	KISSIMMEE FL 34747		
		City/State and Zip Code	
		RUCTIONLLC@GMAIL.COM	
		to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
JEREMY ALSINA		407 2838533	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addre Registration Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2021 SEP 21 PM 3: 19
SECRETARY OF STATE
WALLAHASSEF PRO

MATTHEWS PRO CONSTRUCTION LLC

(Name of the Limited Liability Company as it now appears on our records) LI TARY O

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 07/15/2021	and assigned
Florida document number L21000322856	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "ELC	" 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 agent and/or the new registered office address here:	address on our records, enter	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre.	ss
	, FI	lorida
	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 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>	Name	Address	Type of Action
MGR	LADY ALSINA	2835 MAINGATE VILLAGE CIR APT 205 KIS	SSIMN □Add
			≣Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□ Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
		•	□Remove

	
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fan effect <u>Sote:</u> If	e date, if other than the date of filing: (optional) (ive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record s d is filed	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 l.
ated	9-21-21
	Signature of a member or authorized representative of a member