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## **COVER LETTER**

TO: Registration So Division of Cor			
WCT CON SUBJECT:	STRUCTION CONCRET LL	C	
SUBJECT:	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WILFIDO B CASTRO TO	DLEDO	
		Name of Person	<del></del>
	<del></del>	Firm/Company	
	3484 SUMMER ST APT	8413	
		Address	
	(** <u>*</u>		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (	to be used for future annual report notific	cation)
For further information c	oncerning this matter, please c	all:	SE SE
WILFIDO B CASTRO TOLEDO		561 633-8729	MM 8: 1
Name o	f Person		Telephone Number
Enclosed is a check for th	ne following amount:		
\$\frac{1}{5}\$	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	<del></del>	Street Address: Registration Sect	tion
Division of C	orporations	Division of Corp	orations
P.O. Box 632 Tallahassee, I		The Centre of Ta	illahassee Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WCT CONSTRUCTION CONCRET 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  $\frac{05/22/2024}{1}$ and assigned Florida document number \_\_L24000237064 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WCT CONSTRUCTION CONCRETE LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." **3484 SUMMER ST APT 8413** Enter new principal offices address, if applicable: LAKE WORTH, FL 33461 (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

## 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>	Address	Type of Action
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WILFIDO B CASTRO TOLEDO