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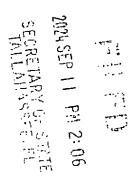
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## **COVER LETTER**

TO: Registration S Division of Co				
WR Const	ruction LLC			
50 tarx.1.	Name of Lim	nited Liability Company		<del></del>
	f Amendment and fee(s) are sub condence concerning this matter	_		
	Flavia Justice			
		Name of Person		<del>MPA - Maria</del>
		Firm/Company		<del></del>
		Address	······································	
	West Melbourne FL 3290-	Į.		
	tlav ia@justiceaccountingta; E-mail addres.: (	to be used for future annual re	port notification)	- TANGE OF THE SECOND
For further information	concerning this matter, please c	all:		
Plavia Justice		321 2981	173	
Name	of Person	Area Code	Daytime Telephone N	2024 SEP 11 PH 2: 06
Enclosed is a check for	the following amount:			,
☐ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ce sed) Ce	0.00 Filing Fee. ortificate of Status & rtified Copy ditional copy is enclosed)

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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 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WR 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  $\frac{08/21/2024}{1}$ and assigned Florida document number  $\frac{1.24000367376}{-}$ 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 "LLC." 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 . Florida

## 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.

City

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

Title	Name	Address	Type of Action
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Filing Fee: \$25.00