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(Re	questor's Name)	
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(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(==:	2	,,,,
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	-iling Officer:	





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COVER LETTER

TO: Registration Sec Division of Corp			v .
SUBJECT:	NEOUTE I	LC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Neo 2112 NW Doral F	Name of Person UTELLC Firm/Company QQNE Address L 33172 City/State and Zip Code Mendez & 6 man to be used for future annual report notifi	il. un
For forther information or			cation)
\mathfrak{D}_{ℓ}	MENDE7 Person	at (786) 389 (Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 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 ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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SHARITANY BE STATE

NEOUTE LLC	TALLAHASSTE, FLORDA	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	y were filed on $10/06/20/5$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Willboard LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2112 NW 99 SVe	
(Principal office address MUST BE A STREET ADDRESS)	Doral St 33172	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	
	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 Changing Registered Agent, Signature of New Registered Agent

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
			☐ Add
			Remove
			☐ Change
			□ Add
			☐ Remove
		·	☐ Change
			□ Add
			Remove
		 	□ Add
			Remove
			☐ Change
			□ Add
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			☐ Change
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			□ Remove
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D. II amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) .		
			
-			
			-
			2015
			15 PEC
		ار در میلود میام ورک	W F
			12: 2
(If an effecti Note: If t	date, if other than the date of filing:	suant to 605 not be list	сэ 5.0207 (3)(b)
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the day after the record is filed.	the earli	er of:
Dated	12/28/2015		
	Signature of a member or authorized representative of a member		
	Alesonro Maetinta		

Page 3 of 3

Filing Fee: \$25.00