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## **COVER LETTER**

TO:	Registration Se Division of Cor				
SUBJE	WDL-PIP (	LLC	•		
	<u></u>	Name of Limited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please:	return all correspo	ondence concerning this matter	to the following:		
		L. Darren Willis			
		WDL-PIP, LLC	Name of Person		
		1644 Blanding BLVD	Firm/Company		
		Jacksonville, FL 32210	Address	<del></del> -	
		WillisLawPa@gmail.com	City/State and Zip Code		
		E-mail address: (	to be used for future annual report no	dification)	
For fur	ther information c	oncerning this matter, please ca	all:		
L. Dar	ren Willis		904 351-0238 at ()		
	Name o	if Person	Area Code Dayti	me Telephone Number	
Enclose	ed is a check for the	he following amount:			
□ \$2:	5.00 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

WDL-PIP, 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 4/3/18 Florida document number \_ L18000084337 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WDL-JAX, LLC 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: 1644 Blanding Blvd (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL 32210 Enter new mailing address, if applicable: 1644 Blanding Blvd (Mailing address MAY BE A POST OFFICE BOX) Jacksonville, FL 32210 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 City

### 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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