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COVER LETTER

TO:

Registration Section

Division of Co	rporations	•	
SUBJECT:	WIJ REAL	ESTATE LLC	
30BJEC1:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		CHARLENE SMITH	
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	w.	IJ REAL ESTATE LLC	
		Firm/Company	
	6980	ULMERTON RD APT 6F	
		Address	
		LARGO, FL 33771	_
	-	City/State and Zip Code	
		ansmithrealtygroup.com to be used for future annual report not	(fication)
For further information	concerning this matter, please o	•	,
CHARLENE SMITH	I	727 492-7825	
Name	of Person	at ()at Code Daytim	ne Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Division of 0 P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Se Division of Con The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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		21 3011 4	11. = -
	WIJ REAL ESTATE LLC		
(Name of the Limi	ted Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)	
he Articles of Organization for this Limited L lorida document number	iability Company were filed on	1.775.72020	and assigned
nis amendment is submitted to amend the following	lowing:		
. If amending name, enter the new name o	of the limited liability company ho	ere:	
e new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the a	bbreviation "L.L.C."
nter new principal offices address, if applic	cable:		
rincipal office address MUST BE A STREE			
tter new mailing address, if applicable:			
failing address MAY BE A POST OFFICE	BOX)		
			
If amending the registered agent and/or i	registered office address on our re	ecords, <u>enter the nan</u>	ie of the new regist
ent and/or the new registered office addre	ss here:		
Name of New Registered Agent:	CHARLENE SMITH		
New Registered Office Address:	6980 ULMERTON RD APT 6F		
	Enter Flor	ida street address	
	LARGO	. Florida	33771
	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 = M $AMBR = A$	Ianager Luthorized Member	v	
<u>Title</u> AMBR	<u>Name</u> JOSHUA HEILMAN	Address 21 JUN -4 PH 2: 34 2426 ECON CIRCLE 153	Type of Action
			
		ORLANDO, FL 32718	■Remove
			□Change
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, nam	ending any other information, enter change(s) here: (Attach àdditional sheets, if necessary.)
	21 JUN -4 PH 2: 34
. Effec	tive date, if other than the date of filing:(optional)
(If an e	fective 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docui	nent's effective date on the Department of State's records.
the reco	rd 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
cord is I	
Dated	x 51 M44 2021
	x (Wind) oft
	Signature of a member or authorized representative of a member
	CHARLENE SMITH
	Typed or printed name of signee