

L21000065742

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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CLERK OF SUPERIOR COURT
STATE OF MICHIGAN

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: THE LARICE WAKEFIELD GROUP, LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fees are submitted for filing.
Please return all correspondence concerning this matter to the following:

Angela L. Wakefield - Manning
Name of Person

The Larice Wakefield Group LLC
Firm/Company

6836 SANDLE DR
Address

Jacksonville, FL 32219
City/State and Zip Code

wmanningroup@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Wakefield Manning at (904) 577-6719
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$15.00 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The LARICE WAKEFIELD Group LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on Feb 8, 2021 and assigned
via document number L21000065742

amendment is submitted to amend the following:

If amending name, enter the new name of the limited liability company here:

WAKEFIELD MAPPING GROUP LLC

new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

1036 DUNN AVE

Principal office address MUST BE A STREET ADDRESS)

Suite 4-403

JACKSONVILLE, FL 32218

or new mailing address, if applicable:

SAME AS ABOVE

Mailing address MAY BE A POST OFFICE BOX)

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:

1036 DUNN AVE, Suite 4-403, Jacksonville, FL

Enter Florida street address

Jacksonville

City

Florida 32218

Zip Code

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.

Changing Registered Agent, Signature of New Registered Agent

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Attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

.R = Manager

.BR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	Angela Wakefield Henry	1036 Dunn Ave, Jax 32219	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Pres.	Leroy Manning III	1036 Dunn Ave, Jax 32219	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
UAC	Angela Wakefield Henry	1036 Dunn Ave, Jax 32219	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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Effective date, if other than the date of filing: _____ (optional)

(If an effective 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)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If record 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 document is filed.

Dated March 1 2023

[Signature]
Signature of a member or authorized representative of a member

Angela C. Wakefield-Manning
Typed or printed name of signee