## 121000488610

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
i		

Office Use Only



200378567292

01/03/22--01008--003 \*\*25.00

22 mm - 2 FB 3x 15

T. MATTHEWS

JAN 1 2 2022

## **COVER LETTER**

TO: Registration : Division of C			
CLUB LC CO	M. Wells L	$\mathcal{L}^{\prime}$	
SUBJECT:		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	emitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	n	elty Spears	
	M	· Wells LLC Firm/Company	
		Firm/Company	
	3427	Tumbling River	Dr.
		ermont, FL 34 City/State and Zip Code /Spears e grnail.	
	10611.	City/State and Zip Code	ann
	E-mail address:	to be used for future amual report noti	fication)
For further information	concerning this matter, please c	·	
1 2 1 1			212.0
Welt	y Spears	at ( <u>357</u> ) <u>221 –</u> Area.Code Daytim	3130
Name	of Person	Area.Code Dayum	e i elephone Number
Enclosed is a check for	the 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)
		0	

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

M Wells	LLC 22	<u> 2011 - 2018 3: 15</u>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor Liability Company)	<u>ds.</u> !
The Articles of Organization for this Limited Liability Company Florida document number <u>L2100488610</u> .	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable:	3427 Tumb	oling River Dr. -L 34711
(Principal office address MUST BE A STREET ADDRESS)	<u>Clermont</u> , F	2 34711
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 120 Clermont, F	0925 L 34712-0925
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	2257
	, r	lorida 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 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
MGR	Welty Spears	P.O. Box 120925 Clermont, FL 34712-	MAdd
		Clermont, PL 37/12	□ Remove
			□Change
			□ Add
			□Remove
		Change	
		□Add	
		□Remove	
		Change	
			□ Add
			🗆 Reтюve
			□Change
		□ Add	
			□Remove
			□Change
			□Add
			🗆 Remove
			□ Change

,	
,	
•	
Note:	ive date, if other than the date of filing: 12/17/21 (optional) 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 (1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next's effective date on the Department of State's records.
he recor	
	a = 1
Dated	$\frac{12/17/21}{}$ , $\frac{9:00 \text{ Am}}{}$
Dated	12/11/21 , 4.00 AIII
Dated	12/17/21 , 9:00 AM  Signature of a member of authorized representative of a member