

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L9900008700

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(((H24000075980 3)))



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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : CAPITOL SERVICES, INC.
 Account Number : I20160000017
 Phone : (855)498-5500
 Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

LC AMND/RESTATE/CORRECT OR M/MG RESIGN
CIRCLE F DUDE RANCH CAMP, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	04
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M. SOLOMON
FEB 26 2024

DocuSign Envelope ID: 0EF9EEAC-9B5D-4D44-9F57-4A9AC88EA7E0

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H24000075980

CIRCLE F DUDE RANCH CAMP, L.L.C.

(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 12/13/1999 and assigned Florida document number 1.99000008700.

This amendment is submitted to amend the following:

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

Wells Family Holdings LLC

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

Enter new principal offices address, if applicable:

3737 Loquat Ave.

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33133

Attn: Paul Wells

Enter new mailing address, if applicable:

3737 Loquat Ave.

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33133

Attn: Paul Wells

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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:

3737 Loquat Ave.

Enter Florida street address

Miami

City

Florida

33133

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

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

H24000075980

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

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E. 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 the 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 record is filed.

Dated February _____, 2024

DocuSigned by:
Paul Wells

Signature of a member or authorized representative of a member

Paul Wells

Typed or printed name of signer