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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: W.M. & Associates, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wikenson Jestine

(Name of Person)

(Firm/Company)

1033 Grove Park Cr.

(Address)

Boynton Beach, FL 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

Wikenson Jestine

(Name of Person)

at (561) 929-4397

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &
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(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**

W.M. Insurance & Associates, LLC

(Present Name)
(A Florida Limited Liability Company)

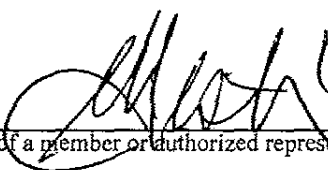
FIRST: The Articles of Organization were filed on Nov. 9, 2006 and assigned document number 106000108927.

SECOND: This amendment is submitted to amend the following:

Name of corporation change to:

W.M. Insurance & Associates, LLC

Dated November 29, 2006



Signature of a member or authorized representative of a member

WIKENSON JESTINE

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Filing Fee: \$25.00