## 1030000 53214

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## COVER LETTER

	ration Section of Corpor				
W	ESCHE LLO	2			
SUBJECT: _		Numa at'l im	ited Liability Company	· · · · · · · · · · · · · · · · · · ·	
		Name of Emi	ned Cabinty Company		
The englosed A	rticles of Arr	nendment and fee(s) are sub-	mitted for filing		
			•		
Please return all	l corresponde	ence concerning this matter	to the following:		
		LARRY A WESCHE			
			Name of Person		_
		WESCHE LLC			
			Firm/Company	<u> </u>	<del></del>
		PO Box 2304			
			Address		_
		MIDDLEBURG FL 32050	)-2304		
			City/State and Zip Code		_
	_	HEATHERWESCHE@GM			
		E-mail address: ()	to be used for future annual rep	ort notification)	
For further infor	rmation conc	erning this matter, please ca	all:		
LARRY WESC	CHE		904 386-3		
	Name of Pe	erson	at ()	Daytime Telephone Number	er ·
Enclosed is a ch	neck for the f	ollowing amount:			
■ \$25.00 Filin	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	d) Certifie	ate of Status &

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

WESCHE LLC		
(Name of the Limited Liability Compan (A Florida Limited L.	ny <u>as it now appears on our records.</u> ) iability Company)	
The Articles of Organization for this Limited Liability Company villorida document number L03000053214	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:	7	SE <b>19</b>
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	三 三 丁
	Ë	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		SET: 8
		<u></u>
3. If amending the registered agent and/or registered off		name of the r
egistered agent and/or the new registered office address here	;	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zin Code
	CHY	ID CRIE

## 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JASON MICHAEL GARVEY	4988 KALMIA ST MIDDLEBURG FL 32068	Add
			Remove
			Change
		Remove	
			Change
		□ Remove	
			Change
			Remove
			Change
			D Add
		□ Remove	
			Change
		□ Remove	

	tion, enter change(s) here: (Attach additional sheets.	
		***
<del></del>		
		<del></del>
Cffactive data if ather than the	date of filing:	(optional)
Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	t be specific and cannot be prior to date of filing or more than 90 de ook does not meet the applicable statutory filing requiremen	rys after filing.) Pursuant to 605,0207
ne record specifies a delayed The 90th day after the rec	d effective date, but not an effective time, at 12 ord is filed.	2:01 a.m. on the earlier of
MARCH 6	2019	
Dated	1	
	y a. Wesche	
- 1	Signature of a member or authorized representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00