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## **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT: Woo	od Family Name of Limit	ted Liability Company	
	nendment and fee(s) are subr		
Please return all correspond	ence concerning this matter t	to the following:	
	Wilbun	Z L. Wood, Jo	<u>.                                    </u>
	Wood	Family LLC Firm/Company	
	9015 W	JEST SR. 235 Address	
	Alachu	A FL 326 City/State and Zip Code	15
	E-mail address: (1	o be used for future annual report notific	ation)
For further information con	cerning this matter, please ca	ill:	- <u>-</u>
BARbARA Name of P	Wood	at (352) 281- Area Code Daytime	ation)  G611  Telephone Number
Name VIII	COM	, nea state viayame	% 40
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)

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

(Name of the Limited Liability Compan (A Florida Limited Li	as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company version of the Articles of Organization for this Limited Liability Company version of the following:	vere filed on Jan. 9, 2004 and assigned
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	9015 WEST SR 235 Alachua, FL. 32615
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9015 WEST SR. 235 Alachua, FL. 32615
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	<u> </u>
New Registered Office Address: 90/	Enter Florida street address
<del></del>	Achiu A , Florida 326/5 Zip Code
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office of company has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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	BARBARA O. Wood	9015 WEST SR. 235	Add
		Alachua, FL 32615	🗆 Remove
			Change
			🗆 Add
		<u> </u>	Remove
			Change
			🗆 Add
			Remove
			Change
			□ Add
			□ Remove
			Change
			Q Add .
			Remove
			∵ Change C
			□ Add
			_□ Remove
			☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if nece.	
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Effective date, if other than the date of filing: (option	
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 <b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	s date will not be listed as
he record specifies a delayed effective date, but not an effective time, at 12:01 a The 90th day after the record is filed.	a.m. on the earlier of
Dated November 17 . 2017.  (Signature of a member or authorized representative of a member	
Wilhur L- Wood JR. Typed or printed name of signee	

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Filing Fee: \$25.00