## 105000070947

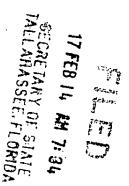
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## **COVER LETTER**

	gistration Sec vision of Corp			• • • • • • • • • • • • • • • • • • •
SUBJECT:	WAGFLO, L	LC		
SOBJECT.		Name of Lim	ited Liability Company	
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please return	n all correspon	dence concerning this matter	to the following:	
		Steven E. Wallace		
			Name of Person	
		The Wallace Law Group, I	PL	
			Firm/Company	
	•	2240 W Woolbright Road,	Ste 403	
			Address	
		Boynton Beach, FL 33426		
			City/State and Zip Code	
		wallacelaw1@me.com		
		E-mail address: (	to be used for future annual report no	tification)
For further i	nformation co	ncerning this matter, please co	all:	
Steven E. W	Vallace		561 877-6020 at ()	
	Name of	Person	Area Code Daytii	me Telephone Number
Enclosed is	a check for the	following amount:		
□ \$25,00 I	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

WAGFLO, LLC

(Name of the Limi	ited Liability Compa (A Florida Limited I	ny as it now appears on our records liability Company)	<u>i.</u> )				
The Articles of Organization for this Limited I Florida document number L05000070947	Liability Company	were filed on <u>07/19/2005</u>	8	and assi	gned		
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name of	of the limited liab	ility company here:					
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LLC"	" or the abbrevia	ition "L.I	J.C."	_	
Enter new principal offices address, if appli	2240 W Woolbright Road, Ste	403					
(Principal office address MUST BE A STRE	Boynton Beach, FL 33426						
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and registered agent and/or the new registered of	l/or registered of	<u>e</u> :		name 17	of the		
Name of New Registered Agent:	aw Group, PL	- 56 A	8	् राज्येष्ठ ये हे	<del></del>		
New Registered Office Address:	2240 W Woolb		1	fighterin	- ;		
	Boynton Beach	, rr	orida 38426.	胜 7		:	
New Registered Agent's Signature, if changing	City	RIO A	p Code	***************************************			
I hereby accept the appointment as register provisions of all statutes relative to the project the obligations of my position as register being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agre per and complete pistered agent as p registered office	ee to act in this capacity. I fur performance of my duties, an provided for in Chapter 605, I	nd I am famil F.S. Or, if the	iar witi is docu	h and ment 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	Sohail Quraeshi	2240 W Woolbright Road, Ste 403,	■ Add
			□ Remove
	•		□ Change
MGRM	Ray Flow		Add
		4166 S Military Trail, Lake Worth,	■ Remove
			☐ Change
			Add
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Effective date, if other than the date If an effective date is listed, the date must be sp Note: If the date inserted in this block dedocument's effective date on the Departre	ecific and ones not mo	cannot be pri eet the appl	ior to date licable st	of filing or	more than 9	(optio 0 days after ments, this	onal)	rsuant to	605.0207 listed as
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Filing Fee: \$25.00