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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: WAN	D B, LLC		
		ited Liability Company)	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MARION D. LAMB, III	(Name of Person)	
		(Name of Ferson)	
	LAMB AND LAMB	(Firm/Company)	
	75 Q		
	217 PINEWOOD DRIVE		
		(Address)	WIZT I
	TALLAHASSEE, FLORII	DV 333U3	SSE
	TALLAHAGGEL, I LONI	(City/State and Zip Code)	SEE. FLO
			108 108
For further information	concerning this matter, please of	call:	Dr.
MARION D. LAMB, I	II	at (850) 385-0501	
(Name of Person)		(Area Code & Daytime T	elephone Number)
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)
Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W AND B, LLC				
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ny as it now appears on o Liability Company)	ur records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 07/06/200	6 and assigned	
Florida document number L06000067476	<u></u> .			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	oility company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		1618 MAHAN CENTER BOULEVARD		
(Principal office address MUST BE A STRE	ET ADDRESS)	SUITE 103	<u> </u>	
		TALLAHASSEE, FLO	RIDA 32308 FS 5	
Enter new mailing address, if applicable:		 	HASSEE HASSEE	
(Mailing address MAY BE A POST OFFICE BOX)			mor 3 C	
D. If amonding the projetoped agent and	/an manistanad af		0810 B	
B. If amending the registered agent and registered agent and/or the new registered of			cords, <u>enter the name of the he</u>	
Name of New Registered Agent:	WALDO HAR	OLD PALMER, JR.	-	
New Registered Office Address:	1618 MAHAN	CENTER BOULEVARD	, SUITE 103	
		(Enter Fl	orida street address)	
	TALLAHASSE	E	, Florida <u>32308</u>	
		(City)	(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	D. WILSON DEAN	2065 THOMASVILLE ROAD TALLAHASSEE, FLORIDA 32308	Add Remove
MGRM_	WALDO HAROLD PALMER, JR.	1618 MAHAN CENTER BOULEVARD SUITE 103 TALLAHASSEE, FLORIDA 32308	☐ Add C Remove
			Add Remove
			Add Aemole
			Rereseve
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	Remove
Dated	June 26, 200	let mill	<
	Waldo Harold Palm Typed	or authorized representative of a member 10- Jr. or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00