L08000 110839

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
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| Special Instructions to Filing Officer: |
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| | | ESTMENTS, LLC | | |
| SUBJECT | | Name of Lim | ited Liability Company | |
| 771 | مرم دادنده | Non-residue was used final about a bound | mitted for filing | |
| | | Amendment and fee(s) are sub | | |
| Please return | n all correspo | ndence concerning this matter | to the following: | |
| | | WILLIE N. NORWOOD | | |
| | | | Name of Person | |
| | | WTN INVESTMENTS, L | LC | |
| | | . <u>-</u> | Firm/Company | |
| | | 589 JACKSON STREET | | |
| | | | Address | |
| | | LAKE HELEN., FLORID | A 32744 | |
| City/State and Zip Code SHANTAL_HOLMES@YAHOO.COM E-mail address: (to be used for future annual report notification) | | | | |
| | | | | ication) |
| For further i | nformation c | oncerning this matter, please co | | • |
| WILLIE NO | ORWOOD | | 321 202-0242 | |
| | Name o | f Person | at () Area Code Daytime | Telephone Number |
| | | | | |
| | | ne 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) |
| Ma | niling Addres | <u>s:</u> | <u>Street Address:</u> | |
| Registration Section | | Section | Registration Sec | |
| Division of Cor | | orporations | Division of Corp | porations |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WTN INVESTMENTS, LLC | | |
|--|---|--|
| (Name of the Limi | ted Liability Company as it now appe (A Florida Limited Liability Company) | ars on our records.) |
| The Articles of Organization for this Limited L Florida document number <u>L0800/11</u> | iability Company were filed on _ | 12/03/2008 and assigned |
| This amendment is submitted to amend the following | owing: | |
| A. If amending name, enter the new name of | of the limited liability company l | nere: |
| The new name must be distinguishable and contain the | words "Limited Liability Company." the | designation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applic | cable: | |
| (Principal office address MUST BE A STREI | ET ADDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE | BOX | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | | records, enter the name of the new registered |
| Name of New Registered Agent: | WILLIE N. NORWOOD | |
| New Registered Office Address: | 589 JACKSON STREET | |
| | Enter F1 | orida street address |
| | LAKE HELEN | , Florida 32744 |
| | 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 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, 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 |
|--------------|-------------------|---------------------------------|----------------|
| AMBR | WILLIE N. NORWOOD | 6412 QUEENS BOROUGH AVENUE #314 | |
| | | ORLANDO, FLORIDA | □Remove |
| | | 32835 | 🗀 Change |
| MGR | DIANI L. NORWOOD | 589 JACKSON STREET | |
| | | LAKE HELEN, FLORIDA | □Remove |
| | | 32744 | BChange |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
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|). If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an ef <u>Note:</u> | tive date, if other than the date of filing: [Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| f the reco ecord is f | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled. |
| Dated | OctoBER 22 2020 Shantal Homes |
| | Shantal Homes |
| | Signature of a member or authorized representative of a member Shartal Holmes |
| | Typed or printed name of signee |

Filing Fee: \$25.00