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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Woods and Wilson Enterprises LLC (Name of Limited Liability Company)			
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:			
Tonika Wilson (Name of Person)			
words and Wilson Enter prises UC (Firm/Company)			
5364 Erlich Rd 158			
Tampa FL 33624 (City/State and Zip Code) FS =			
(City/State and Zip Code) For further information concerning this matter, please call:			
Tonika Wilson at (813) 810-0594 (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\square\$\$\$30.00 Filing Fee & \square\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$Certificate of Status & Certified Copy (additional copy is enclosed) \$\square\$			

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

Woods and W	115ch Enterprisa	as LLC
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>311</u> 67	Olo 9 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	rds "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	ASS OF
Enter new mailing address, if applicable:		HAR 16 AM
(Mailing address MAY BE A POST OFFICE BOX)		SOAT L
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida street address)	
	, Florida	
	(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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

Type of Action Title <u>Address</u> <u>Name</u> Remove mgr ☐ Add C Remove 🗂 Add Remove Add Remove Add 🤝 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated March Signature of a member or authorized representative of a member On Kar Wilson Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

Cover Letter Return Information Woods and Wilson Enterpirses LLC Tonika Wilson 5364 Erlich Rd 158 Tampa, FL 33624 (813) 810-0594

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