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COVER LETTER

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	•			
SUBJECT: W.J.E.,L.L.				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	JANNA T. BRETON			
		Name of Person	·	
	W.J.E.,L.L.C.			
		Firm/Company		
	7442 STATE ROAD 21			
		Address		
	KEYSTONE HEIGHTS, I	FL 32656		
		City/State and Zip Code		
	JANNABRETON@AOL.C	OM to be used for future annual report noti	G(
For further information c	oncerning this matter, please e		neation)	
JANNA BRETON	y and the second product	352 473-0600		
Name of Person		at ()	ne Telephone Number	
Enclosed is a check for the	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)	
Mailing Addres		Street Address:		
Registration S Division of C		Registration Section Division of Corporations		
P.O. Box 632	•	The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W.J.E.,L.C.		<u>. </u>
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab Florida document number 1,10000116201		and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address		he name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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 Hability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	EMILY LOTT	8883 SW COUNTY ROAD 18	⊒ Add
		HAMPTOM, FL 32044	□Remove
			□ Change
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cord specifies a	delayed effective date.	, but not an effect	ive time, at 12:0	l a.m. on the earlier	of: (b) The 90th	day after the
s filed.						-
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ted <u>05</u> 7	Signal	ure of a member or	authorized repress	entative of a member	RM ET	; <u> </u>

Filing Fee: \$25.00