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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Cor			
		LOPMENT, LLC		
SUBJE	3CT:	Name of Lim	ited Liability Company	<del></del>
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Sean McRoberts		
			Name of Person	
		T1 Properties LLC		
		<del></del>	Firm/Company	<del></del>
		2334 1st Avenue N		
			Address	
		Saint Petersburg, FL 33713	3	
		sean.mcroberts@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report notifi	cation)
For fur	ther information c	oncerning this matter, please ca	all:	
Haley '	· • •		727 271-4776 at ()	Telephone Number
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2:	5.00 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 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

WT DEVELOPMENT, LLC	and I inhilian Commonway is many an	
(Name of the Lim	ted Liability Company as it now ap (A Florida Limited Liability Compa	ny)
The Articles of Organization for this Limited I Florida document number	iability Company were filed or	and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name of	of the limited liability compan	y here:
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 appli	cable:	<b>8</b> E
(Principal office address MUST BE A STREI	A	
		<b>N</b> SS
T		# EE. FL
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
	<del></del>	
B. If amending the registered agent and registered agent and/or the new registered of		s on our records, enter the name of the
Name of New Registered Agent:	Sean McRoberts	
New Registered Office Address:	2334 1st Avenue N	
	Enter	Florida street address
	Saint Petersburg	. <b>Florida</b> 33713
	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

Page 1 of 3

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	Gary Wheeler	2334 1st Avenue N	Add
		St. Petersburg, FL 33713	□ Hemenia
			☐ Change
AMBR	Dean Tyler	2334 1st Avenue N	<b></b>
		St. Petersburg, FL 33713	☐ Remove
			☐ Change
MGR	Sean McRoberts	2334 1st Avenue N	
		St. Petersburg, FL 33713	Remove
			☐ Change
			□ Add
			□ Remove
			Change
<del></del>			
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change

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Filing Fee: \$25.00