## 111000033384

Office Use Only



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## **COVER LETTER**

	stration Section ion of Corpor				
SUBJECT:	Wellcom Prop	erties 1 LLC			
_			ted Liability Company		
		nendment and fee(s) are subrence concerning this matter t			
		Randal C. Fairbanks			
			Name of Person	<del></del>	
		Brennan Manna Diamond			
			Firm/Company		
		5210 Belfort Road, Suite 4	00,		فح
			Address	<del></del>	8271 . ` `
		Jacksonville, FL32256			1877 W. T.
		·	City/State and Zip Code	<del></del>	. 16
	,	paul_marcroft@hotmail.con			, ,,,,,
			o be used for future annual report notifi	cation)	 C
For further in	formation con	cerning this matter, please ca	ill:		ŗ
Randal C. Fa			at (904 ) 3661500	77.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	
	Name of P	erson	Area Code Daytime	Telephone Number	
Enclosed is a	check for the	following amount:			
<b>≣ \$2</b> 5.00 Fi	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limi			
The Articles of Organization for this Limited L	iability Company were fi	led on March 18th, 2011	and assigned
Florida document number L11000033384	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	of the limited liability co	mpany here:	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.I.C."  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  5210 Belfort Road, Suite 400.  Enter Florida street address  Jacksonville  Toy  New Registered Agent's Signature, if changing Registered Agent:  Thereby 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			
Enter new principal offices address, if applie	cable:		
(Principal office address MUST BE A STREI	ET ADDRESS)		<u>~</u>
			<u> </u>
			三百 22
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		0
			. 5
B. If amending the registered agent and/or agent and/or the new registered office addresses	registered office address ess here:	on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:			
Naw Panistered Office Address	5210 Belfort Road, Sui	te 400,	
New Registered Office Abdress		Enter Florida street address	
	Jacksonville	, Florida	32256
	Cit		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the propaccept the obligations of my position as reg	per and complete perfor	mance of my duties, and I a	am familiar with and

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>	Name	<u>Address</u>	Type of Action
MGR	Paul R Marcroft	5 James Street	□Add
		Lincoln, LN2 IQE	□ Remove
		United Kingdom	🗏 Change
MGR	Stephanie K Marcroft	5 James Street	
		Lincoln, LN2 1QE	□Remove
		United Kingdom	
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		<del></del>	□Remove:
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cument's effective	date on the Department	of State's records.	dose statelory tring	requirements, uns	date will not be t	151 <del>C</del> U 1
acord cassifier a de	elayed effective date, but	not an afficient	12-01	- 4.	**	
is filed.	nayed effective date, our	not an enective p	me, at 12.01 a.m. e	in the earner of: (b)	ine youn day ai	ner th
	, h					
November 14	.11	2022	·			
November 14	<del>/</del>	1				
November 14		M	prized representative			