## 11200036528

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900307188799

01/02/18--01017--011 \*\*25.00

18 JAN - 2 AN 8: 55

B FIGUEROA JAN 05 2018

## COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division o	of Corporati	ons		
SUBJECT:	WOWI	EVER, LLC		
JOBSECT.	<del></del>	Name of Lim	ited Liability Company	
The enclosed Artic	les of Amen	lment and fee(s) are sub-	mitted for filing.	
Please return all co	rrespondence	concerning this matter	to the following:	
		ELLIOTT S. ASH	LEY	
			Name of Person	<del></del>
		EDC3, LLC		
			Firm/Company	<del></del>
		2771-29 MONUM	ENT ROAD #177	
			Address	
		JACKSONVILLE/	FI. 32225	
		INFO@EDC3GLO	City/State and Zip Code BAL.COM to be used for future annual report notifi	cation)
For further informa	tion concern	ing this matter, please co		,
JOCELYN I.	. GAFFNI	EY	at (_904) 588-3905_	_
N	lame of Person	1		Telephone Number
Enclosed is a check	for the follo	wing amount:		
<b>広 \$2</b> 5.00 Filing F	ee 🗆 S	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)
R E	IAILING A egistration Solivision of Co .O. Box 632	ection orporations	STREET/COURIE Registration Section Division of Corpora Clifton Building	ı

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOWEVER, LLC	_		<del>_</del>
(Name of the Limited Liabi (A Flori	ility Company as it now app da Limited Liability Compan	pears on our records.)  ny)	
The Articles of Organization for this Limited Liability  Iorida document number	Company were filed on	03/14/2012	and assigned
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability compan	y here:	
ASHLEY CAPITAL INVESTMENT, LI	.C		
The new name must be distinguishable and contain the words "Li Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	DRESS)	the designation LLC of the a	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office at Name of New Registered Agent:	gistered office address ddress here: N/A	s on our records, <u>entc</u>	SLCRE A PRISION OF
New Registered Office Address:	N/A Ente	r Florida street address . Florida	RY OF SIA CORPORATE
<del></del>	City	<u> </u>	Zip C <b>sff</b>
New Registered Agent's Signature, if changing Register	ered Agent:		(A)

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.

N/A		
	egistered 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	Address	Type of Action
	N/A		
			Remove
			B Change
			□ Remove
			☐ Change
			Remove
			Change
			Remove
			☐ Change
			Remove
			SECRETARY IN CONTROL OF CONTROL O
			- 2 A 全型
			CORPORATIONS  RES
			Change
		<del></del>	

N/A	
	<del> </del>
	<del></del>
	<del></del>
<del></del>	
fective date, if other than the date of filing:	()
in effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing of the date inserted in this block does not meet the applicable statutory filing requirements, this date cument's effective date on the Department of State's records.	e will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. The 90th day after the record is filed.	. on the earlier
nted	<b>ಪ</b>
$\mathcal{L}$	JAN
	,
Signature of a member or authorized representative of a member	2

Page 3 of 3

Filing Fee: \$25.00