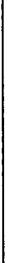
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COVER LETTER

TO: Registration Section Division of Corporations	.
SUBJECT: 5LM Wholesple, 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:	~ 4 :
Mother Montin	西哥
SLM Wholesole, 2LC.	6.
6057 Wolnut h. 11 Dh. Address	5 0 (4)
Lole Worth F1 37467 City/State and Zip Code	
SCM - Wolcs plan of mell Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Matthew Montine at (Slo) 255 6767 Area Code & Daytime Telephone Number	ir
(additional copy is enclosed) Certifie	ate of Status &

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 ARTICLES OF ORGANIZATION

5 LM Who	lesale, LLL.	6
	lity Company as it now appears on our records. la Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on 5/16/2	0/2 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office a	ristered office address on our records, <u>ent</u> ddress here:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registe	•	

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, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action Title** <u>Name</u> <u>Address</u> MGRMFARA MARTIN LOST VAINUT HILD DA MGRM ☐ Add ☑ Remove Add ☐ Remove Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member MARTIN

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00