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COVER LETTER

ΓΟ: Registrátion Sec Division of Corp			
SUBJECT:	WSK Holdi Name of L	Mgs, LLC imited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are s	ubmitted for filing.	
Please return all correspo	ndence concerning this matt	er to the following:	
		Jed Kirby Name of Person	
		Firm/Company	
		12 W. Deklo Address	
	E-mail addres	Tampa, FL 336 City/State and Zip Code Kirby property (c) s: (to be used to flature annual report nous	gmail.com
For further information c	oncerning this matter, pleas		
Name o	f Person	at (815) 453-	7608 Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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)
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WSK Holdings, LL	С
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.
The Articles of Organization for this Limited Liability Company we Florida document numberLl200090702	ere filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company 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 applicable:	A
Principal office address MUST BE A STREET ADDRESS)	7
Enter new mailing address, if applicable: (Mailing address M.4Y BE A POST OFFICE BOX)	61-E All 8:45
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent: Kirby New Registered Office Address: 61	Family Properties, LLC O W. De Leon Street Enter Florida street address
	Tampa Florida 33606 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

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 = M AMBR = A	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			Signature of a	member or au	thorized rep	resentative of	a member		

Page 3 of 3

Filing Fee: \$25.00