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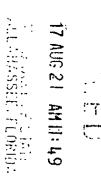
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COVER LETTER

	Registration Se Division of Cor			
SUBJEC	Wakissme.	LLC		
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Amy Tumer and Tammy k	Cipp	
			Name of Person	
		Wakissme, LLC		
			Firm/Company	
		801 Anchor Rode Drive #	206	
			Address	
		Naples, FL 34103		
			City/State and Zip Code	
		naplesbookkeeper@gmail.c		
			to be used for future annual report	notification)
For furth	er information c	oncerning this matter, please co	all:	
Maria Bo	enoit		239 250-7773	i
	Name o	f Person		time Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.0	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

WakissmE, L	-LC	
(<u>Name of the Limited Liabilify Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
ne Articles of Organization for this Limited Liability Composition or the Composition of	any were filed on November 20th, 2012	and assigned
orida document number		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited l	liability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:		·
Principal office address MUST BE A STREET ADDRESS	ew name of the limited liability company here: I contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." ss, if applicable: E A STREET ADDRESS) Slicable: T OFFICE BOX) agent and/or registered office address on our records, enter the name of the new egistered office address here:	
nter new mailing address, if applicable:		2.
Aailing address MAY BE A POST OFFICE BOX)		and assigned "LLC" or the abbreviation "L.L.C." ecords, enter the name of the new address , Florida
		30.00
		is: N
		nter the name of the
gistered agent and/or the new registered office address	<u>here</u> :	100
Name of New Registered Agent:		· 6
New Registered Office Address:		
	Enter Florida street address	
	. Florid	la
	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

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	Bernard Turner	210 Mooring Line Drive	
		Naples, FL 34102	Remove
			☐ Change
MGR	Tired Management, LLC	801 Anchor Rode Drive # 206	Add
		Naples, FL 34103	□ Remove
			□ Change
			□ Remove
			Charles Charles
		.	- TT -
			Remove Change
			
			☐ Remove
			Change
			Add
		****	Remove
			□ Change

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fective date. i	f other than the dat	e of filing:			(o	ptional)		
an effective date i	s listed, the date must be:	specific and canno			ore than 90 days a	ifter filing.) Pur		
	inserted in this block in the Depar			Statutory ming	requirements.	this date will	not be fist	.cu
	cifies a delayed eff y after the record		but not ar	n effective ti	me, at 12:0	1 a.m. on t	he earli	er
ated	8/15/17 Mf 199 Sign	·	·					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00