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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

COVER LETTER

TO:	Registration Sec Division of Corp					
SHD IE		OYS & GIRLS PROPERTY M	ANAGEMENT, LLC			
SUBJEC	-l:	Name of Limi	ited Liability Company			
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all correspon	ndence concerning this matter	to the following:			
		Jeffery W. Wells				
			Name of Person			
		Wells Boys & Girls Proper	ty Management,LLC			
			Firm/Company			
		211 Caroline Street - Offic	e			
			Address			
		Cape Canaveral, Fl. 32920				
		City/State and Zip Code				
	wellsboys@cfl.rr.com E-mail address: (to be used for future annual report notification)					
For furth	ther information concerning this matter, please call:					
Jeffery '	W. Wells		321 613-2970			
Name of Person at () Area Code Daytime Telephone Numb			e Telephone Number			
Enclosed	d is a check for th	e following amount:				
□ \$25.	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

WELLS BOYS & GIRLS PROPERTY MANAG	EMENT, LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) lited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L12000160192</u>	pany were filed on 12/26/2012	and assigned
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 I	Liability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		18 LLC
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	FILE RETARY AHASSE -EB -2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		OF STATE FLORIDA
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	timer Pioriaa sireel daaress	
	, Florida	
	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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jeremy R. Wells	211 Caroline Street- Office	
		Cape Canaveral, Fl. 32920	Remove
			Change
AMBR	Teerarose M. Wells	211 Caroline Street Office Cape Caraveral F1329	2B Add
		Cape Caraveral F1329	2O □ Remove
			Change
AMBR	Jonah M.H. Wells	211 Circlise Street Offer	<u>^</u> L ■ Add
		Cape Carangrac F/324	(2/2) □ Remove
			Change
AMBR	Jackson J.T. Wells	211 Cardine St Office	■ Add
		Cape Canaveral F/ 329	10 □ Remove
			Change
			Remove
		 	Change
			D Add
			Remove
			Change

etive date, if other than the date of filing:	Thaila S. Wells 15% Joshua J. Wells 15% Tecrarose Wells 15% Jackson J.T. Wells 15% Jackson J.T. Wells 15% Etive date, if other than the date of filing:	Thaila S. Wells 15% Joshua J. Wells 15% Teerarose Wells 15% Jackson J.T. Wells 15% Jackson J.T. Wells 15% Part	Jeffery W. Wells 10%				
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Jackson J.T. Wells 15% Setive date, if other than the date of filing:	Jackson J.T. Wells 15% Jackson J.T. Wells 15% English	Jonah M.H. Wells 15% Jackson J.T. Wells 15% The stive date, if other than the date of filing: (optional) (iffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ment's effective date on the Department of State's records. Second specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earliest end of the polymer of the polymer of a member of state of a member of a membe	Joshua J. Wells 15%				
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Page 3 of 3

Filing Fee: \$25.00