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MAY 2 2 2013 D. BRUCL

COVER LETTER

TO:

Registration Section Division of Corporations

DORTHY WELDE WISE LLC

SUBJECT

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:

BEN F. MOORE

Name of Person

% MILLHORN LAW FIRM

Firm/Company

13710 US HIGHWAY 441 #100

Address

THE VILLAGES FL 32159

City/State and Zip Code

BEN@MILLHORN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BEN F. MOORE

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

DORTHY WELDE WISE LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Con Florida document number <u>£/30000UU 772</u> .	npany were filed on 05/07/2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
DOROTHY WELDE WISE LLC		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:		E 23
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register		Y 21 PH 1: 22
registered agent and/or the new registered office address	ss here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	. Florida	ı
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	DOROTHY W. WISE TRUST	1489 BLEASE LOOP THE VILLAGES FL 32162	Add
			Remove
MGRM	DOROTHY W. WISE	1489 BLEASE LOOP, THE VILLAGES FL 32162	2
			Remove
			\ \Add
			Remove
			Add
		EXEL NO. AC	Remove 2
		recar	Add
			Remove
			Add
			Remove

amending any other information, ent	er change(s) here: (Attach additional sheets, if necessary.)

MAY 13,	2013
	,
Signature of	a member or authorized representative of a member
RYAN MILLHORN	
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 MAY 21 PM 1: 2