L130000192495

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COVER LETTER

TO: Registration Section
Division of Corporations

Wileroose Homes LLC

SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Crystal N Banks		
		Name of Person	
		05 Firm/Company	
	893 NW 2ND 57	· · · · · · · · · · · · · · · · · · ·	
		Address	
	Florida City FL. 330		
	wileroose@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	tification)
For further information of	concerning this matter, please ca	all:	
Crystal N Banks		786 217-7727	
		at ()	ne Telephone Number
Name o	of Person	Area Code Daytin	me Telephone Number
Enclosed is a check for the	he 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wileroose Homes LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our recor- liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Company LI3000092495	were filed on	and assigned
lorida document number L13000092495		
nis amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
/ileroose Solutions LLC		
ne new name must be distinguishable and contain the words "Limited Liabi	ity Company," the designation "LLG	C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	1120 Britts Lane Suite 1	
Principal office address MUST BE A STREET ADDRESS)	Bartow FL. 33830	
		2014
nter new mailing address, if applicable:	1120 Britts Lane Suite 1	
Mailing address MAY BE A POST OFFICE BOX)	Bartow FL. 33830	^ (Ö
		,, ,
		ؿ
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		lorida
	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
			□Add
			□Remove
			□Remove
			Change
			□Add
			□ Remove
			Change
		 	□Remove
			Change
			□Add
			□ Remove
			□Change
			□Add
			□ Remove
			□ Change

Page 2 of 3

D. If amend	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
 .	10/28/24
(If an effecti <u>Note:</u> If t	e, if other than the date of filing:
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: day after the record is filed.
10. Dated	2024
17.lled	Cyle Brits
	Signature of a member or authorized representative of a member ystal Banks
	Typed or printed name of signee