## 113000117399

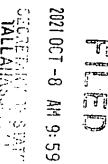
(Re	questor's Name)	
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Office Use Only



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## **COVER LETTER**

то:	Registration Se Division of Cor		*	
a		SON II, LLC		
SUBJI	EC1:	Name of Lin	nited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Andrew M Wilson II		
		-	Name of Person	
		A.M. WILSON II, LLC		
			Firm/Company	
		3098 Log Cabin Lane		
			Address	···
		Crestview, Ft. 32539		
			City/State and Zip Code	<u></u>
		repairprocontractor@gmail E-mail address: (	to be used for future annual report notification)	<u></u>
For fur	ther information co	oncerning this matter, please c	all:	
Andres	w Wilson II		850 461-3349	
	Name of	Person	Area Code Daytime Telephon	e Number
Enclose	ed is a check for th	e following amount:		
□ <b>\$</b> 2:	5.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S	ection	Street Address: Registration Section	
	Division of Co P.O. Box 632	•	Division of Corporation The Centre of Tallahasse	
	Tailahassee, F	L 32314	2415 N. Monroe Street, Tallahassee, FL 32303	Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

A.M. WILSON II, LLC

2021 OCT -8 AM 9:59

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSES, EL The Articles of Organization for this Limited Liability Company were filed on  $\frac{08/20/2013}{2}$ and assigned Florida document number L13000117399 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 Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

City

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	<b>Type of Action</b>
MGR	Christian Wilson	1602 E 1st Avenue	■Add
		Crestview, FL 32539	□ Remove
			□Change
			□Add
			[]Remove
			CChange
			⊡Add
		<del> </del>	□Remove
			Change
			□Add
			□ Remove
		<del></del>	Change
<del></del>			[] Add
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			Change
			□Add
		<del></del>	□ Remove
			□Change

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