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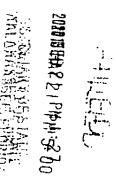
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COVER LETTER

Division of Cor	porations		
WeFam 1.1. SUBJECT:	(
	Name of Lim	ited I jability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jemile Weeks		
	-	Name of Person	
		Firm Company	
	PO Box 3423		
	<u>, </u>	Address	
	Windermere, FL 34786		
	jadjenkins a aol.com	City State and Zip Code	
For further information o	U-mail address: (oncerning this matter, please or	to be used for future annual report notif	ication)
Jemile Weeks	meering this matter, prease of	407 757-4987	
Name o	l'Person	at ()	Lelephone Number
Enclosed is a check for th	ne following amount:		
■ \$25,00 Filling 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
2061 Executive Center Circle
Fallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Weham LLC					
(Name of the Lim	ited Liability Compa (A Horida Limited	any as it now appears on our re Liability Company)	ecords.)		
The Articles of Organization for this Limited I	iability Company	were filed on 11/21/2013		and as	signed
Florida document number 1.13000163191	<u> </u>				
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	oility company here:			
Jemile Weeks, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation	"ITC" or the abb	reviation "1	1C."
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREA					
			Î.:,	. 22	
				20182	
Enter new mailing address, if applicable:		PO Box 3423		WHOODER	1
Mailing address MAY BE A POST OFFICE	BON)	Windermere, FL 34786	(S)		
			138 25 21	포	17-
			77 30 30 30		<u> </u>
B. If amending the registered agent and			ords, entera	he name	of the ne
registered agent and/or the new registered (office addr <u>ess</u> her	<u>'e</u> ;	Ž	00	
Name of New Registered Agent:	Julie Jenkins		***		···-
New Registered Office Address:	7955 Tumblest	tone Drive			
New Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	Enter Florida street a	ddress	<u></u>	
	Orlando		Florida <u>_</u> 328	[9	
	-	Cin		Zin Codo	•

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 (geot, 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	Kaisha Weeks	550 Birch Ct	
		Altamonte Springs, FL 32714	■ Remove
			☐ Change
MGR	Jemile Weeks	550 Birch Ct.	
		Altamonte Springs, F1, 32714	Remove
			Change
			Add
			□ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

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Filing Fee: \$25.00