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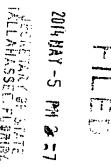
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COVER LETTER

TO: Registration Se Division of Cor				
SUBJECT: <u>LDN</u>		ysuses LLC.		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LEROY	A. SoLomoN Name of Person		
		Firm/Company		
	8592 S	7 f l	20H MAY -	2-30-3F
	CUTLER K	BAY, FL. 331 City/State and Zip Code	<u> </u>	-
	LUX URYDE E-mail address: (SIGNERCO O to be beed for future annual report notif	AOL. Cominication	٠, .
For further information of	concerning this matter, please c	all:		
LEROY A	SoLomon of Person	at (786) 286 Area Code Daytime	2 - 0923 e Telephone Number	
Enclosed is a check for t	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)	
MAIL	JING ADDRESS:	STREET/COURI		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WNJ & Contex	prises LLC.
(A Florid	a Limited Liability Company)
The Articles of Organization for this Limited Liability C	, , , ,
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the lim</u>	nited liability company here:
	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) on for this Limited Liability Company were filed on
The new name must be distinguishable and end with the words "Li	imited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	(a) = (b)
registered agent and/or the new registered office add	iress_nere:
N. CN. D. L. IA	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: MGR = ManagerAMBR = Authorized Member **Title** <u>Name</u> AMBL WANDAM. SOLOMON 8592 S.W.211 TERP. BAY FILL Add 33189

(SAMENAME, BUT WAS SOLOMON M. WANDA TREMOVE

	ED BACKWARDS)	
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The effecti	date, if other than the date of filing:
	Signature of a member or authorized representative of a member WANDA M. So Lomo N Typed or printed name of signee
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Page 3 of 3

Filing Fee: \$25.00