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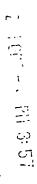
| (Requestor's Name) |
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| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| Special instructions to rining Officer. |
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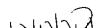
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COVER LETTER

TO:

| TO: Registration Se Division of Cor | | | | | |
|---|---|---|--|--|--|
| | ee Outfitters LLC | | | | |
| SUBJECT:Name of Limited Liability Company | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| | ondence concerning this matter | - | | | |
| | Robert DeVito | | | | |
| | Name of Person | | | | |
| | Wewahootee Outfitters LL | C | | | |
| | Firm/Company | | | | |
| | 1101 S Miramar Avenue A | Apt 403 | | | |
| | - | Address | | | |
| | Indialantic, FL 32903 | | | | |
| | | City/State and Zip Code | 100 t Car | | |
| | rdevito@eeandg.com | | | | |
| For further information c | E-mail address: (oncerning this matter, please c | to be used for future annual report no all: | ntification) | | |
| Robert DeVito | • | 321 243-7645 | | | |
| Name of Person | | at () | me Telephone Number | | |
| Enclosed is a check for the | ne 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 | | Street Address: Registration S | ection | | |
| Division of Corporations | | Division of Co | orporations | | |
| P.O. Box 6327 | | | The Centre of Tallahassee | | |
| Tallahassee, FL 32314 | | 2415 N. Monroe Street, Suite 810 | | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| wewanootee Outliners LLC | | |
|---|---|--|
| (Name of the Limited Liability Compa (A Florida Limited I | ny as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number <u>L14000150670</u> . | were filed on $\frac{9/26/2014}{}$ and assigned | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| Wewahootee Holdings LLC | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." | |
| Enter new principal offices address, if applicable: | 1101 S Miramar Avenue Apt 403 | |
| (Principal office address MUST BE A STREET ADDRESS) | Indialantic, FL 32903 | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | 1101 S Miramar Avenue Apt 403 Indialantic, FL 32903 | |
| B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, enter the name of the new registe | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | , Florida | |
| New Registered Agent's Signature, if changing Registered Agent: | دين دين دين دين دين دين دين دين دين دين دين دين | |

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 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 |
|--------------|-------------|-------------|----------------|
| | | | □Add |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ______ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated ___ September 28 2021 Signature of a member or authorized representative of a member Robert DeVito

Typed or printed name of signee