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COVER LETTER

TO: Registration S Division of Co				
Wallace W	est, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Judy Pinette			
		Name of Person		
	Moore, Hill & Westmorel	and, P.A.	~	EN COT
		Firm/Company		13
	P.O. Box 13290		. •	ر رن
		Address		ン
	Pensacola, FL 32591-3290)		ره ت
		City/State and Zip Code		; -
	E-mail address: (to be used for future annual report	notification)	
For further information of	concerning this matter, please c	all:		
Judy Pinette		850 434-354	11	
Name o	of Person	Area Code Da	sytime Telephone Number	
Enclosed is a check for t	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 Certificate of Certified Contadditional cop	f Status & Py
Regist Divisio	ING ADDRESS: ration Section on of Corporations lox 6327	STREET/CO Registration S Division of Co Clifton Buildi	orporations	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WALLACE WEST, LI	LC	
(Name of the Limi	ted Liability Company as it no (A Florida Limited Liability C	ow appears on our records.) ompany)	
he Articles of Organization for this Limited Lorida document number 1.14000191541	iability Company were file	ed on December 16, 2014	and assigned
nis amendment is submitted to amend the foll	owing:		
. If amending name, enter the new name o	f the limited liability com	npany here:	
ne new name must be distinguishable and contain the	vords "Limited Liability Compa	any," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applic	eable:		
rincipal office address MUST BE A STREI	ET ADDRESS)	·	
nter new mailing address, if applicable:			0,
Tailing address MAY BE A POST OFFICE	<u>BOX)</u>		
. If amending the registered agent and egistered agent and/or the new registered o		dress on our records, <u>ente</u>	er the name of the t
Name of New Registered Agent:	Harrell G. Downey		
New Registered Office Address:	6585 Shady Hollow Dri		
		Enter Florida street address	
	Pace	, Florida _	32571
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shalcah Argeris	6585 Shady Hollow Drive	
		D 01 20571	
		Pace, FL 32571	■ Remove
			□ Change
MGR	Harrell G. Downey	6585 Shady Hollow Drive	Add
		Pace, FL 32571	Remove
			☐ Change
AMBR	Harrell G. Downey	6585 Shady Hollow Drive	
		Pace, FL 32571	□ P. 11121/0
			Change
		·	☐ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove

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ffective date, if other an effective date is listed ote: If the date insert ocument's effective date.	the date must be specified in this block does	ic and cannot be pric not meet the appli	cable statutory fili	nore than 90 days af	tional) der filing.) Pur his date will	suant to 605.020 not be listed a
e record specifies The 90th day afte	a delayed effecti er the record is fi	ve date, but n led.	ot an effective	time, at 12:01	.a.m. on 1	the earlier o
ated <u>Sop</u>	2.S [)		<u> </u>			

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Filing Fee: \$25.00