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Office Use Only



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SCURETARY OF STATE
TALLAHASSEE FLORIDA

TAN' 13 2015 J. BRUCE

# **COVER LETTER**

Div	ision of Corp	orations				
SUBJECT:	WESLEY	G. ENTERPRISE, LLC				
SCBSECT.		Name of Limi	ited Liability Company	<del> </del>		
The enclose	d Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	n all correspon	dence concerning this matter	to the following:			
		WESLEY E. GARMI	_EY			
	Name of Person					
		Firm/Company				
		5266 SE US HWY 4	1		2014 AL	
		Address			Cox R	
		JASPER, FL. 32052	!		2014 DEC 30 PH 4: SEGRETARY OF STA JALLAHASSEE FLOR	
		City/State and Zip Code			PH 4: 45 Y OF STATE SEE FLORID	T
		DONALDFOREMAN	•		M 4: 45 PESTATE FLORIDA	
			to be used for future annual report notif	ication)	RATE	
For further i	nformation co	ncerning this matter, please ca	all:		32	
WESLEY	E. GARM	LEY	386 249-9650			
	Name of	Person		e Telephone Number	<u> </u>	
Enclosed is	a check for the	e following amount:				
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	

MAILING ADDRESS:

TO:

**Registration Section** 

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

### STREET/COURIER ADDRESS:

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

# WESLEY G. ENTERPRISE, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Comp	pany were filed on DECEMBER 16, 2014 and assigned
Florida document number L14000191569	
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 end with the words "Limited	I 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 ADDRES.	<u>S)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	· 120
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the new
registered agent and/or the new registered office address	there:
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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
		***	Add
			Remove
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To: 16622835906

If amending any other information, enter change(s) here: (Attach a	• •
EIN NUMBER 80-0955707 for WESLEY G. ENTERF	PRISE, LLC
Effective date, if other than the date of filing:	(optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State)	annot be more than 90 days after
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DECEMBER 18 2014	
Dated DECEMBER 18 2014	
DECEMBER 18 2014	ntative of a member

Page 3 of 3

Filing Fee: \$25.00

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SEVER FLORID