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(Re	equestor's Name)				
(Ac	Idress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nan	ne)			
(Do	ocument Number)				
	Certificates of Status				
Special Instructions to	·				
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor	norations		
SUBJECT:	THE WHUL	ESALE NETWO	ORK OF 600
SUBJECT:	Name of Lim	ited Liability Company	FLORIDA
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Ama	Name of Person	
	THE WHOL	ESALE NETN	ORK OF FLORIDA
		Firm/Company	
	9160 PINA	IACLE CIRCLE	<u>.</u>
		Address	
	WINDER	MERE FL 347	86.
		City/State and Zip Code WNOF@GMA-	
		to be used for future annual report notif	fication)
	oncerning this matter, please c		
AMA	N KHAN	at (<u>321</u>) <u>402 -</u> Area Code Daytime	9331
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	-		
\$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 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 ARTICLES OF ORGANIZATION **OF**

THE WHOLESA	LE NETWORK	OF FLO	RIDA.	
(Name of the Limited Liabilit (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>しりりののでる異</u> り	Company were filed on	23 20	₩ and ass	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ited liability company here:			
The new name must be distinguishable and contain the words "Lim Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR		nation "LLC" or the	abbreviation L	L.C.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		r records, <u>ent</u>	er the name	of the new
Name of New Registered Agent:			<u> </u>	· · · ·
New Registered Office Address:	Enter Florida s	street address	3	1 4
	City	treet address, Florida	₩ Çip Çiqde	2 100 8 100
	CHY		- zup egac	

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					
			□ Add					
			☐ Remove					
			Change					
			Add					
			□ Remove					
			Add					
			Remove					
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			Remove					
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Page 3 of 3

Filing Fee: \$25.00