115000035320

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | dress) | <u>.</u> |
| • | | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Ви | ısiness Entity Nar | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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WY 30 2015 J. HARRIE

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|--|
| SUBJECT: | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| Jeffery Allen Whecler Name of Person | |
| J. A. Wheeler LLC Firm/Company | |
| 1445 Del Rio Or Address | |
| Fort Myers FL, 33901 City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Name of Person at (339) 994 - 9593 Area Code Daytime Telephone Number | |
| Enclosed is a check for the following amount: | |
| □ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) | |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

| (Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company) | on our records.) |
|---|--|
| The Articles of Organization for this Limited Liability Company were filed on | 1/25/2015 and assigned |
| Florida document number <u>L15000035320</u> . | |
| 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 contain the words "Limited Liability Company," the desi | gnation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| (Principal office address MUST BE A STREET ADDRESS) | The Court of the C |
| | 22. 5 |
| | No. |
| Enter new mailing address, if applicable: | 173 C . 350 |
| (Mailing address MAY BE A POST OFFICE BOX) | 50 = |
| | |
| B. If amending the registered agent and/or registered office address on o registered agent and/or the new registered office address here: | our records, <u>enter the name of the new</u> |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida | a street address |
| | , Florida |
| City New Registered Agent's Signature, if changing Registered Agent: | Zip Code |

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> | Name | Address | Type of Action |
|--------------|--------------------|----------------------|----------------|
| AMBR | Gregory A. Wheeler | 10060 San Pablo ave. | Z Add |
| | | Fort Myers FL, 33919 | ☐ Remove |
| | | <u> </u> | ☐ Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | Add |
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| <u>te:</u> I | f the date | inserted | d in this l e on the l | olock doe Departme | es not me ent of St | eet the ap ate's reco | oplicable ords. | statutory i | iling req | uiremen | ts, this o | i al) ling.) Pursua late will no | t be listed |
| | | | delaye the re | | | ate, bul | t not a n | effectiv | e time, | at 12 | :01 a. | m. on th | e earlier |
| . , | 100/5 | <u> </u> | /16/2 | .015 | | /he/ | <u>/</u> . | | | | | A.C. | / Pour |
| tea | | | | Signa | rolds a th | ember or | authorized | representa | tive of a r | nember | | 15° | |
| ted _ | | | | 1 | // _ | ffer | | Uheele | C | | | ASSEE | 124 |

Filing Fee: \$25.00