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COVER LETTER

TO:	Registration Se Division of Cor		
CLID ID.		echnology Consulting, LLC	
SUBJEC	ZI:	Name of Limited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are submitted for filing.	
Please re	eturn all correspo	ondence concerning this matter to the following:	
		Martin S Walker	
		Name of Person	_
		W & W Technology Consulting, LLC	
		Firm/Company	_
		912 Lotus Lane South	
		Address	_ SS 5
		Saint Johns, FL 32259	
		City/State and Zip Code martinwalker@wwc-llc.com	FILE ELARY & HASSEE
		E-mail address: (to be used for future annual report notification)	TEN R D
For furth	er information c	concerning this matter, please call:	PW # 21 PSTATE FLORIDA
Martin S	S Walker	904 710-7231 at ()	-
-	Name o	of Person Area Code Daytime Telephone Number	er
Enclosed	i is a check for th	the following amount:	
\$25.	00 Filing Fee	(additional copy is enclosed) Certifie	ate of Status &

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 TO ARTICLES OF ORGANIZATION OF

W & W Technology Consulting, 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 were filed on April 28, 2015 and assigned Florida document number L15000074512 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 designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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>I itie</u>	Name	Address	Type of Action
MGR	Martin S Walker	912 Lotus Lane South	☐ Add
		Saint Johns, FL 32259	Remove
			■ Change
AMBR	Lisa Walker	912 Lotus Lane South	□ Add
		Saint Johns, FL 32259	■ Remove
			Change
MGR	Mark Wantland	5510 Concord Downs Dr.	SECONAL Add
		Cummings, GA 30040	AREMOVE TREMOVE
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			□ Remove
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fective date, if oth	er than the date of filing:		(optional)
n effective date is listed ote: If the date inser	l, the date must be specific and cannot be	pplicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to 605.02 airements, this date will not be listed
	a delayed effective date, bu er the record is filed.	at not an effective time,	at 12:01 a.m. on the earlier
December 02	2015		
46u	,	—·)	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00