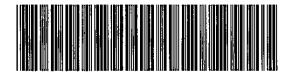
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# **COVER LETTER**

TO: Registration S Division of Co	
	ong Holdings LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.
Please return all corresp	ondence concerning this matter to the following:
	Sarah Armstrong
	Name of Person
	W Armstrong Holdings LLC
	Firm/Company
	1225 Channahon Rd
	Address
	City/State and Zip Code   Waver1961@gmail.com   E-mail address: (to be used for future annual report notification)   Color of the control o
	City/State and Zip Code
	waver1961@gmail.com
	E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
Sarah Armstrong	concerning this matter, please call:  847 293-9349  at (
Name	of Person Area Code Daytime Telephone Number
Enclosed is a check for	the following amount:
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  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 TO ARTICLES OF ORGANIZATION OF

W Armstrong Holdings LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record liability Company)	<u>ds.</u> )
The Articles of Organization for this Limited Liability Company Florida document number	were filed on April 30,2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	C" 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:		ARE DE COMPANY OF THE PARK SEELES AND THE PARK
(Mailing address MAY BE A POST OFFICE BOX)		= = =
		21.1. W
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		s, enter the name of the new
	ជ	lorida
	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>	<u>Address</u>	Type of Action
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		Joliet, IL 60436	■ Remove
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record specifies a	delayed ef	factive de	ita hiit r	ot an eff	active time	at 12·0	11 a m	on the	e earlier
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