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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Amy F. Wilson, Rad State Specialis Name of Limited Liability Company	ŧ,
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Amy F. Wilson	
Name of Person	
Firm/Company	
314 Arpieka Hvenue	
St. Augustine, F1.32003	
City/Stake and Zip Code	<u>-u</u>
E-mail address: (to be used for future annual report notification)	1
For further information concerning this matter, please call:	Ü
Name of Person at (904) 333-2196 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$\ \text{Certificate of Status}\$\$\$ \$\ \text{Certificate of Status}\$\$\$ \$\ \text{Certified Copy} \ \text{(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

Arry F. Wilson Real Estate Specialist, LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(11101111111111111111111111111111111111	a znaciniy company)		
The Articles of Organization for this Limited Liability Compan	y were filed on _	1-14-2016 and	d assigned
Florida document numberL160000 1646	1		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company h	here:	
Amy F. Wilson, L	LC.		
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the	designation "LLC" or the abbreviation	n "L.L.C."
Enter new principal offices address, if applicable:	·	70	3
(Principal office address MUST BE A STREET ADDRESS)			<u>}</u>
			2 !!
		<u>ئ.</u> (2)	् ळ ि।
Enter new mailing address, if applicable:		remarks comments	<u>;; </u>
(Mailing address MAY BE A POST OFFICE BOX)		· · · · · · · · · · · · · · · · · · ·	<u></u>
•			<u>කි </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		on our records, enter the na	me of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	City	Zip C	ode
New Registered Agent's Signature, if changing Registered Agen			
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance o s provided for in	of my duties, and I am familian Chapter 605, F.S. Or, if this o	r with and document is

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 = N AMBR = A	Annager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date, if other than the date of filing:	(optional) to date of filing or more than 90 days after filing.) Pursuant to 605,0207
Note: If the date inserted in this block does not meet the applic	able statutory filing requirements, this date will not be listed as
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but no The 90th day after the record is filed.	ot an effective time, at 12:01 a.m. on the earlier of
The 90th day after the record is med.	
De JOHANNE SOL	4
Dated 22 TTRIC, 2011	4)
Clony 7.11	lla -
	orized representative of a member
Signature of a member or author	or negresor and to or a monitor.
Signature of a member or auth	

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Filing Fee: \$25.00