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SECRETARY OF STATE

J. HARRIS

COVER LETTER

Registration Section
Division of Corporations

Registration Section Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

TO:

SUBJECT: Ugmes D Wolgh I LLU Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
James D. Wright Name offerson
James D. Wright LLC Firm/Company
119 Lockney Dr.
pataniak springs, FL. 32433
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
James D. Wight at (850) 865-7632 Area Code Daytime Telephone Number
Englosed is a check for the following emount:
Enclosed is a check for the following amount: \$\sum_{\text{\$\frac{25.00}{10000000000000000000000000000000000
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

(Name of the Limited	Liability Company asit now appear	rs on our records.)					
(A	Liability Company as it now appear Florida Limited Liability Company)						
The Articles of Organization for this Limited Liab	oility Company were filed on	218/10	and assigned				
Florida document number <u>L140000 26</u>	<u> 1469</u> .						
This amendment is submitted to amend the follow	/ing:	FILING C	ANCELLED				
	_		RETURNED CHECK				
A. If amending name, enter the new name of the	пе итиес нарину сотрану пе	ere:					
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the d	esignation "LLC" or the abb	reviation "L.L.C."				
Enter new principal offices address, if applicab	ale•						
(Principal office address MUST BE A STREET		<u>7</u> -0	g 7				
		;; - < f					
		#1 12 -	No.				
Enter new mailing address, if applicable:		in ?					
(Mailing address MAY BE A POST OFFICE BOX)		-1					
			<u>Σ</u> =				
B. If amending the registered agent and/or	· registered affice address on	our records enter t	he name of the nev				
registered agent and/or the new registered office		our records, enter t	ne name of the nev				
	- - - - - -	11 /	•				
Name of New Registered Agent:	James John	than Li C	row				
New Registered Office Address:	119 Lockney	rida street address					
	octunia !	, Florida 🌊	2433 Zin Code				
	0.0						

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.

hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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 Address **Type of Action** Title Name 119 Lackney Dr. Defunial Springs FL James L. Grow FILING CANCELLED ☐ Remove RETURNED CHECK ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change ☐ Add □ Remove ☐ Çhange 生产 声 Change □ Add ☐ Remove ☐ Change

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an effective	date is listed, the date inserted	e date must be :	specific and o	cannot be prior			n 90 days after	filing.) Pursua		
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Filing Fee: \$25.00