Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Fax Number : (845)818-3588

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WILLINGNESS WAY LLC

Certificate of Status	0
Certified Copy	0
Page Count	· 03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

JUN 0 8 2016

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Willingness Way LLC		
(Name of the Limited Liability Common (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 3/22/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited link	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	13364 Beach Blvd Apt 926 Jacksonville FL 32224	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	ffice address on our records, <u>er</u>	nter the name of the new
Name of New Registered Agent:		in E
New Registered Office Address:	Enter Florida straet oddress Florid	ARY OF ST
	City	Em Zle Gode
New Registered Agent's Signature, if changing Registered Agent:	•	P /A

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

06-07-16;01:40PM;

;845-818-3588

3/ 4

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

AMBR Richard A Luthmann 1811 Victory Boulevard Add Staten Island, NY 10314	<u>Title</u>	Name	Address	Type of Action
Staten Island, NY 10314 Change Change Change Change Change Change	AMBR	Richard A Luthmann	1811 Victory Boulevard	B Add
Add Remove Change Remove Change				
Remove Change Remove Change				☐ Change
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Add Remove			· · · · · · · · · · · · · · · · · · ·	Add
Remove				- Toomore

06-07-16; 01: 40PM; f amending any other information,	, enter change(s) here: (Attach additional	sheeis, if necessary.)	
4-20-5			
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offering date if ather than the date	o of filings	(antianul)	
'an effective date is listed, the date must be a Note: If the date inserted in this block of locument's effective date on the Depart	e of filing: specific and cannot be prior to date of filing or more to does not meet the applicable statutory filing rement of State's records.	than 90 days after filing.) Pursuant to 605,0207 quirements, this date will not be listed as	(3) th
e record specifies a delayed eff The 90th day after the record	ective date, but not an effective time is filed.	e, at 12:01 a.m. on the earlier of	:
Dated June 6th	2016		
lune 6th	2016 U Sall	TORETAIL T	
Dated June 6th	atury of dinember or authorized representative of a	AHE TAF	

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