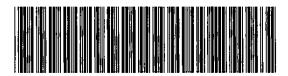
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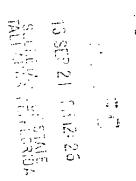
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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J. HARRIS

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	WNL LLC Name of Lim	•	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
` .	Edward	LAPLANTE	
		Name of Person	artigat - garman yang meneratan dangka dangka dalam da
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. •	813 GL	Endale 5t. Address	
we a constitution		Address	
	LokeLow	City/State and Zip Code C AOL. Com to be used for future annual report notifi	33803
•	1	City/State and Zip Code	
	ENGL 0 17 E-mail address: (to be used for future annual report notif	fication)
For further information of	oncerning this matter, please ca		
SAME		at (863) 255-6 Area Code Daytime	697
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	Sample 1 \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	☐ \$60.00 Filing Fee, Certificate of Status & 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**

WNL LU	1				
(Name of the Limite	ed Liability Company as i (A Florida Limited Liability	t now appears on our re y Company)	ecords.)		
The Articles of Organization for this Limited Lie Florida document number	ability Company were	filed on 5/4	/16a	nd assigr	ned
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liability c	ompany here:			
The new name must be distinguishable and contain the wo					
The new name must be distinguishable and contain the wo	ords "Limited Liability Cor	mpany,* the designation	'LLC" or the abbreviat	ion "L.L.C	<u> </u>
Enter new principal offices address, if applica	ıble:	JAME_		····	
(Principal office address MUST BE A STREE)					
			Āģ	بال <u>سد</u> را جسم	
			一 <u>一</u> 253	(C)	•
Enter new mailing address, if applicable:			<u> </u>	N2	
(Mailing address MAY BE A POST OFFICE I	3 <i>0X</i>)			manufa d	
			7)	ori 11	
B. If amending the registered agent and/o	an magistaned office	address on our ros	ا الله الله الله الله الله الله الله ال	N)	the row
registered agent and/or the new registered off		aduless on our lec	ords, enter the n	anie oi	the new
Name of New Registered Agent:	SAME	<u> </u>	·····		
New Registered Office Address:					
		Enter Florida street a	ddress		
			, Florida		
	C	ity		Code	
New Registered Agent's Signature, if changing R	egistered 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> Name **Address Type of Action** MgR BRANDON DONLEY 1441 SHIRLEY DR MADE LAKELAND FL. 33810 Remove ☐ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove _□ Change □ Add _□ Remove _□ Change _□ Add Remove Change Z o Add: Remove _ Change

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ffective an effecti	date, if other than the date of filing: 9-/9-/6 (optive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	tional) er filing.) Pursuant to 605.0
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