L16000137867

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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SECRUTARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor			
WCS Reso	urces, LLC		
	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:	
	Christina Horton		
		Name of Person	
	Wyoming Corporate Servi	ices, Inc.	
		Firm/Company	
	1712 Pioneer Ave. Suite 7	000	
		Address	
	Cheyenne, WY 82001		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	concerning this matter, please c	all:	
Christina Horton		800 990-0433	
Name o	f Person		Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25,00 Filing Fee	□ \$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

FILED

2016 NOV 21 PM 12: 51

SECRETARY OF STATE

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WCS Resources, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	FLORIO A	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L16000137867}{L16000137867}$	were filed on 7/13/2016	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility 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:	1712 Pioneer Ave.		
(Principal office address MUST BE A STREET ADDRESS)	Suite 206		
	Cheyenne, WY 82001		
Enter new mailing address, if applicable:	1712 Pioncer Ave.		
(Mailing address MAY BE A POST OFFICE BOX)	Suite 206		
	Cheyenne, WY 82001	.	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		, enter the name of the new	
New Registered Office Address:			
	Enter Florida street address	;	
	, Flo	orida Zip Code	
	•	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, an provided for in Chapter 605, I	d I am familiar with and F.S. Or, if this 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 = Manager

AMBR = **Authorized Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Graham Norris	1712 Pioneer Ave. Suite 206	
		Cheyenne, WY 82001	☐ Remove
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			☐ Add
			□ Remove
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The control of the co	k does not meet the applica	o date of filing or more than ble statutory filing requir	(optional) 90 days after filing.) Pursuant to 605 ements, this date will not be list	5.0207 (3) ed as the
f the record specifies a delayed of the record the following the following the fector than the		an effective time, a	t 12:01 a.m. on the earli	er of:
Dated November 9	, 2016	·		
Dated				

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