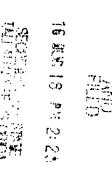
## L14000 139898

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J. HARRIE

SUFFICIENCY WEEDGE

EDING FOR STATE

## **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT:	WWVSte Solution	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:	
	Barre	Anderson Name of Person	
		Firm/Company	
	2915 Shu	ver 51 APT 3	32
	Talla hassee	F/ 323/2 City/State and Zip Code	
	E-mail address:	Hims @ 6-muil-	ication)
For further information of	ronc make, this matter, please ca	all:	
		at (	
Nome c	of Person	Area Code Daytin.e	: Telephone Number
Enclosed is a check for t	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

Florida document number Lloco 139898 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) B. 1: 3 tending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here; Hame of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

If Changing Registered Agent, Signature of New Registered Agent

Florida

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 Type of Action Address Title <u>N</u>ame 29/5 Shover Pst APH 332 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add



☐ Remove

☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necess	sary.) 	_
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ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after file:  If the date inserted in this block does not meet the applicable statutory filing requirements, this comment's effective date on the Department of State's records.	tal) ling.) Pursuant te 6 late will not be li	05:0207 (3)(b sted as the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.i The 90th day after the record is filed.	m. on the ear	lier of:
Dated Augst 18th, 2016.		
Signature of a member or authorized representative of a member		 ФЭ
Bamare Anderson		<u> </u>
Typed or printed name of signee		8 5
	, *5 C/2	N)

Page 3 of 3

Filing Fee: \$25.00