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Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO: Registration Se Division of Cor					
WillChris E	Iome Properties, LLC				
SUBJECT:	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	William F Englehart				
		Name of Person			
	WCHP, LLC				
	<del></del>	Firm/Company			
	21460 Strada Nuova Cir #2	01		<b>.</b> .	ā.
		Address		20 J	. I.W
	Estero, FL 33928				. +
	<del></del>	City/State and Zip Code	·	⊈¶.	:
	BillEnglehart2@aol.com			<del>-</del>	<u> </u>
	E-mail address: (t	o be used for future annual report notif	ication)	f:	
For further information of	oncerning this matter, please ca	II:		50	
William Englehart		804 399-8940 at ()			/•
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for th	ne 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 Sta Certified Copy (additional copy is en	itus &	
Mailing Addres Registration S		Street Address: Registration Sec	tion		
Division of C	Corporations	Division of Corp	oorations		
P.O. Box 632	27	The Centre of Ta	allahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, Fl. 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WillChris Home Properties, LLC			õ
(Name of the Limite	d Liability Comp. A Florida Limited	any as it now appears on our records Liability Company)	*** **
The Articles of Organization for this Limited Lia Florida document number 1.16000143026	ibility Company	were filed on 08/01/2016	and assigned
This amendment is submitted to amend the follow	wing:		0.5
A. If amending name, enter the new name of	the limited liab	oility company here:	,
WCHP, LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabi	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	21460 Strada Nuova Cir #201	
(Principal office address MUST BE A STREET	ADDRESS)	Estero, FL 33928	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	21460 Strada Nuova Cir #201 Estero, FL 33928	<del></del>
B. If amending the registered agent and/or reagent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:		luova Cir #201	
		Enter Florida street address	
	Estero		orida 33928
		City	Zip Code

## 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 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	William F Englehart	21460 Strada Nuova Cir #201	
		Estero, FL 33928	□Remove
			<b>≡</b> Change
MGR	Christine A Englehart	21460 Strada Nuova Cir #201	□ Add
		Estero, FL 33928	□ Remove
			<b>■</b> Change
			□Add
			□Remove
			□ Change
		<del>.</del>	□ Remove
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			Remove
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			□ Change

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Filing Fee: \$25.00