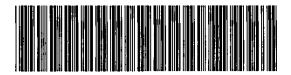
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J. HARRIS

COVER LETTER

	gistration Se vision of Sp					
SUBJECT	WKE	SERVICES				
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	d Statement	of Correction and fee(s) ar	e submitted for filing	5 ,		
Please retur	n all corresp	ondence concerning this m	atter to the following	;		
Wanda L Byrnes Name of Person						
WLBSERVICES, LLC (correct name)						
4235 SE 28th Place unit C205 Address						
Cape Coral FL, 33904						
Wibyrnes@gmail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Wan	da L E	Byrnes	_{at (} 847	902-8236		
	Name	of Person	Area Code	Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the following amount:						
\$25 Fili	ng Fee	\$30 Filing Fee & Certificate of Status	\$55 Filing Fee Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy		
CR2E062 (9/15)					

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. <u>FIRST</u>: The name of the limited liability company is: WKBSERVICES, LLC The Florida Document number of the limited liability company is: L16000151406 SECOND: Articles of organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT X Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Name WKBSERVICES, LLC is misspelling, the right name is: WLBSERVICES, LLC <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: <u>OR</u> П The electronic transmission of the record was defective. Signature of Authorized Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)