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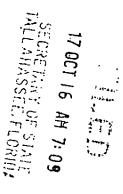
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## **COVER LETTER**

TO: Registration Section Division of Corporations						
SUBJECT: WRS JR LLC Name of Limited Liability Company						
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:						
WILLIAM SEGUINE Name of Person						
WRSJR LLC Firm/Company						
10840 PREMIER AVE						
PORT RICKEY FL 34668  City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Name of Person  SEGUINE at (727) 810 - 0248  Area Code Daytime Telephone Number						
Enclosed is a check for the following amount:						
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status  Certificate of Status & Certificate of S						

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

'n

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

WAS JR, LLC	or it now onnears on our records	·. · ·
(A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	rers filed on 9 - 13 - 11	and assigned
	ere mad on	and assigned
Florida document number <u>L 16000 177938</u>		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" of	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<del> </del>
	A 7 7 A 1 A	1 (60)
	WRSTR, LLC	C/OWILLIAM SEQUE
Enter new mailing address, if applicable:	10840 PAS	11
(Mailing address MAY BE A POST OFFICE BOX)	PORT RICHE	7, 66
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records,	enter the hame of the new
		TAS TAS
Name of New Registered Agent:		<u>6</u> € 6
New Registered Office Address:	Enter Florida street address	
		1 08 7 C
	, Flori	Z Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete peaccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	erformance of my duties, and ovided for in Chapter 605, F.S	i am jamiliar with ana S. Or, if this document is
	ing Registered Agent. Signature of	Name Designationed Assent
: If Change	ing megicieren Avent. Sivakluft (il.)	1011 120 <u>0</u> 0300100

	om our records:			
R= Mar BR= Aut	nager horized Member			
	<u>Name</u>		Address	Type of Action
BR	TERESA	<b>HAND</b>	10840 PREMIER AVE	<b>X</b> Add
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If amending any other information, enter change(s) here: (Attach additional sheets, if no	ecessary.)
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Effective date, if other than the date of filing: OCTOBEA 13 2017 (If an effective date is listed, the date must be specific and cannot be prior to care or nimg or hore than 90 days at	  al)
(If an effective date is listed, the date must be specific and cannot be prior to care or runng or more than 90 days at Note: If the date inserted in this block does not meet the applicable statutory filing requirements, t	ther filing.) Pursuant to 605.0207 (3)(this date will not be listed as the
document's effective date on the Department of State's records.	
the record specifies a delayed effective date, but not an effective time, at 12:01 The 90th day after the record is filed.	a.m. on the earlier or:
Dated Octo 13 ER 13, 2017	
Dated Ocro BER 13, 2017	
Signature of a thember or authorized representative of a member	
WILLIAM SECULOE  Typed or printed name of signee	
Page 3 of 3	
Page 3 of 3 Filing Fee: \$25.00	