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## **COVER LETTER**

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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**

1

M R. WILSON L. L. C.  (Name of the Limited Liability Company as it now apperent the Company as it now apperent to the Company as it now appere	ars on our records.)
·	
The Articles of Organization for this Limited Liability Company were filed on _	11-16-2016 and assigned
Florida document number L1600209506	
his amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
he new name must be distinguishable and contain the words "Limited Liability Company," the	designation "L1.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	ean 
Principal office address MUST BE A STREET ADDRESS)	· 6
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Inter new mailing address, if applicable:	
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Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
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B. If amending the registered agent and/or registered office address of	on our records enter the name of the n
egistered agent and/or the new registered office address here:	our records, enter the name of the in
ı	
Name of New Registered Agent:	
New Registered Office Address:	
	lorida street address
	E3. 4.3
	, Florida

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Į

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** 10201 B. WALKER Rd XAdd
ThoNOTOSASSA, FL. 33592 \_\_ Rem Adam BUCH AMBR □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change ☐ Remove .□ Add ☐ Remove \_□ Change □ Add ☐ Remove ☐ Change

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