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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO:

	egistration Se livision of Cor			
0110.4120		Builders, LLC		
SUBJECT	l:	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ırn all correspo	ndence concerning this matter	to the following:	
		William H Wakeman, III		
			Name of Person	
		Diversified Real Estate Par	rtners, LLC	
			Firm/Company	20 20
		PO Box 90517		20 DE
			Address	
		Lakeland, FL 33804		- PH
		whwakeman@insuretech.nc		PILED 2020 DEC 11 PH 2: 09 SECKETANY OF STATE TALLHABASSEE, FL.
For further	r information co	E-mail address: (oncerning this matter, please c	to be used for future annual report noti all:	fication)
	l Wakeman, III		863 529-3465	
•	Name of	f Person		e Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00	0 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)
R	<u>Iailing Addres</u> Registration S	Section	<u>Street Address:</u> Registration Se	
	Division of C 2.O. Box 632		Division of Cor The Centre of T	•
	.O. Box 032 `allahassee, H			e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Americraft Builders, LLC		
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 12/06/2016	and assigned
Florida document number 1.16000220516		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Warnock Wakeman, LLC		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	·	SECRETARY OF STRAME OF STR
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	El	: a
	, Flor	Ida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

' 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 reing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address]	Type of Action
				_ □Add
				_ □Remove
				_ □Change
				_□Add
				_ □Remove
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n effective date is listed, the date must be specific and cannot bete: If the date inserted in this block does not meet the	be prior to da applicable	ate of filing or statutory fil	more than 90 ing requirem	days after filing ents, this date	.) Pursu will no	int to 605.02 of be listed:
cument's effective date on the Department of State's re		•				
ecord specifies a delayed effective date, but not an effe	astina tima	or 12:01 o m	an the earli	ur of (b). Th	sa OOsh	day after th
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