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SECRETARY OF STATE
TALLAHASSEE, FLORED

D. SCOTT MAR - 3 2017

COVER LETTER

TO: Registration Section Division of Corpor		des.		
subject: <u>Вее</u>		VICES LLC Liability Company		
The enclosed Articles of Am	nendment and fee(s) are submitt	ed for filing.		
Please return all corresponde	ence concerning this matter to the	ne following:		
	Fonece B	Name of Person		
		Name of Foreign		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	637 Surre	4 Way South		
	St. Peters	Sburg FL. 337 ity/State and Zip Code	705	
-	+ One ce 6 E-mail address: (to be	used for future annual report notification	on)	ZSE S
For further information conc	erning this matter, please call:			題第二
Honece Name of Pe	Barnes	at (<u>\$13)</u> <u>Area Code</u> Daytime Tele	8049 ephone Number	SSEPTON TO
Enclosed is a check for the fe	ollowing amount: \$35.0	9		部 22
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &

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

Dee Humble Servi (Name of the Limited Liability Company	ces LLC	<u>.</u>
(A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on 2 01 2017	and assigned
Florida document number <u>L17000025315</u> .	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The Wire Lady LL C The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	637 Surrey C Saint Petersla	Jay South vg, FL. 33705
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>ente</u>	the name of the new
Name of New Registered Agent:		SS - F
New Registered Office Address:		
,	Enter Florida street address	7: 03
	, Florida	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 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>	Name	Address	Type of Action
MGR	Derrick A.Snead	P.O. Box 530332	
		Saint Petersburg, Fl. 33	Remove
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			Add
			Remove
			Change
			🗀 Add
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Filing Fee: \$25.00