L17000068495

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SECRETARY OF STATE

K. SALY APR 25 2017

COVER LETTER

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TO: Registration Se Division of Co		· wt	
че subject: <u>DA</u>	#1 spot L.L	·. L	
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment a ui	bmitted for filing.	
Please return all correspo	ondence conce:	r to the following:	
	Willie La	Name of Person	
	833 01	Firm/Company Pander Ave. Address	
		L, 339/6 City/State and Zip Code	
	Lillie Robins	to be used for future annual report notif	ication)
For further information o	oncerning this matter, please c	all:	
Willie L Aobid	NSON (Person	at (239) 271-L Area Code Daytime	13.78 Telephone Number
Enclosed is a check for the	he following amount:		1
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			r.

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

FILED

SECRETARY OF STATE OF The Articles of Organization for this Limited Liability Company were filed on 03-27-17 and assigned Florida document number 117000068495 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: W. J. DA # 1 - Spod L. L. 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Willie Lee Rosinson Tr. Name of New Registered Agent: New Registered Office Address: 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	g Authorized Person(s) authorized to ma	anage, enter the title, name, and address o	feach person being added
MGR=. M			
<u>Title</u>	Name	Address	Type of Action
MGR	Willie Lee RobINSON	833 Oleandor Ave	IZ Add
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d	ville	Management Signature	of a member o	r authorized re	presentativ	e of a mei	nber		

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