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SECRETARY OF STATE

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COVER LETTER

Division of Cor	porations		
W & S INV	ESTMENTS LLC		
SUBJECT:	Name of Lin	sited Liability Company	 ,
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	TALITA BENDILATTI		
		Name of Person	
	CONNECTION CONSUL	TING LLC	
		Firm/Company	
	7450 DR PHILLIPS BLV	D, STE 303	
		Address	
	ORLANDO, FL 32819		
		City/State and Zip Code	
	CONTACT@CONNECTION	DNACCOUNTING.COM	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	oncerning this matter, please c	all:	
TALITA BENDILATTI		407 704-4929	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for th	vy fallowing amount		
	-		_
■ \$25.00 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)
Mailing Address		Street Address:	
Registration S Division of C		Registration Sec	
P.O. Box 632		Division of Corp The Centre of T	

Tallahassee, FL 32314

TO:

Registration Section

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2021 NOV 30 AM 7: 04

W & S INVESTMENTS LLC

MENTS LLC

SECRETARY OF STATE
(Name of the Limited Liability Company as it now appears on our records. MIASSEE, FL
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability C Florida document number L17000116478		05/25/2017 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	uited liability company	here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the	ne designation "L.L.C" or the abbreviation "L.L.C"	_
Enter new principal offices address, if applicable:	4831 CALAS	SANS AVE	
(Principal office address MUST BE A STREET ADDI	RESS) ST. CLOUD.	. FL 34771	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4831 CALAS		<u> </u>
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our	r records, <u>enter the name of the new regi</u> s	<u>stered</u>
Name of New Registered Agent: ROM	MY POLL		
New Registered Office Address: 4831	CALASANS AVE		
	Enter F	lorida street address	
ST. C	LOUD, FL 34771	, Florida 34771	
	Cuy	Zq) 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WHITE, ANTHONY	3813 MOUNT VERNON WAY	
		KISSIMMEE, FL 34741	≣Remove
			□Change
		-	□Add
			□Remove
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Signature of pumber or authorized representative of a member Signature of pumber or authorized representative of a member NOVEMBER 19th 2021 Signature of pumber or authorized representative of a member					••	
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