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DIVISION OF CONFINATIONS

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## **COVER LETTER**

W + F Leas:	in a TLC		
JE.C. I :	ing, LLC		1 D
	Name of Lim	ited Liability Company	Note Rect
			100
nclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	N. John.
e return all correspor	ndence concerning this matter	to the following:	NOTE POCKER
	Thomas D. Williamson		
		Name of Person	<del></del>
	W T F Leasing LLC		
		Firm/Company	<del></del>
	7422 Fairlinks Court		
		Address	
	Sarasota, FL. 34243		
		City/State and Zip Code	
	t_d_williamson@sbcglobal.		
	E-mail address: (	to be used for future annual report notif	ication)
irther information co	oncerning this matter, please ca	all:	
nas Williamson		913 638-7055	
Name of	Person	at () Area Code Daytime	Telephone Number
sed is a check for th	e following amount:		
25.00 Filing Fee	☐ \$30.00 Filing Fen & Certificate of Status	Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

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

W+F Leasing, LLC		
(Name of the Limited	A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number L17000132636	bility Company were filed on June 21, 2017	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of		T-11
W T F LEASING LLC		TI TI
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the	abbreviation" [ G "
Enter new principal offices address, if applica	ble:	요 구
(Principal office address MUST BE A STREET	CADDRESS)	PH 1: 42
Enter new mailing address, if applicable:		<del></del>
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, <u>ente</u> ice address here:	r the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida _	Ziv 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 Title <u>Address</u> Name Type of Action \_\_\_\_\_ \_\_\_\_ Add \_\_\_\_\_ Remove \_\_\_\_\_ D Add 

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	cord specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier $a=90$ th day after the record is filed.
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Juliu	TA TO
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00