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Special Instructions to	Filing Officer:	
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TALLAHASSEE, FLORIDA

18 APR 20 AM ID: 15

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The W League LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Chystal Diadusz Name of Person
Firm/Company
161 S 1241 Street Uni H17
Taypa, FL 33602 City/State and Zip Code
Crystal, duadisz 6 amail, com (Smail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (813) 777 0782 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$\$\$ 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

The IV Leas	ue Uc				
(Name of the Limite)	A Florida Limited Li	y as it now appears on ability Company)	our records.)		
The Articles of Organization for this Limited Lia	bility Company v	vere filed on <u>6/2</u>	8/2017	and assign	ed
Florida document number 127000149	0689	·	,		
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabil	ity company here:			
The new name must be distinguishable and contain the wo	rds "Limited Liabilit	y Company," the desig	nation "LLC" or the ab	breviation "L.L.C.	•••
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)			= = = = = = = = = = = = = = = = = = =	SEC
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Enter new mailing address, if applicable:				20	ARY
(Mailing address MAY BE A POST OFFICE BOX)				2	عال الم
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B. If amending the registered agent and/o registered agent and/or the new registered off			ır records, <u>enter</u>	the name of	the new
	_	. ~ ` `			
Name of New Registered Agent:	cryota	1 Drog	57		
New Registered Office Address:	5033 V	N Laure Enter Florida	street address		
	Ton	Pa City	, Florida	3360 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
	Crystal Driadosz	Tampy to 33602	417 1 Add
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an effective date is li lote: If the date in	other than the date isted, the date must be sp iserted in this block dive date on the Departr	ecific and canroes not meet	not be prior to da the applicable	ite of filing or moi	e than 90 days afte	r filing.) Pursuan	t to 605.020 be listed a
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ated <u>4</u>	- 16		018				
	Signa	ture of a memi	ber or authorized	l representative o	f a member		
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Page 3 of 3

Filing Fee: \$25.00