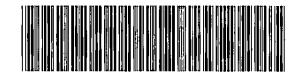
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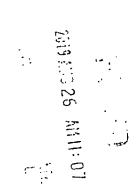
(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone #	/ /
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	e)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
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COVER LETTER

TO:	Registration Sec Division of Corp			
er:n u	5874 WDPT	LLC		
SUBJI	EC1:	Name of Limi	ited Liability Company	
The en	iclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspoi	ndence concerning this matter	to the following:	
		Sonya L Laney		
		Sonya L Lancy CPA PA	Name of Person	
			Firm/Company	
		5131 S Ridgwood Ave Ste	F	
		Port Orange, FL 32127	Address	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notif	ication)
For fu	ther information co	oncerning this matter, please ca	all:	
Elliot	Meadows		386 233-1111 at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
■ \$2	5.00 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:

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



5874 WDPT LLC

2019 / 17 26 AH 11: 07

(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records a Limited Liability Company)	<u>-</u>) . '. '-
The Articles of Organization for this Limited Liability C Florida document number 1.17000154893	Company were filed on 07/19/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDR	RESS)	
P		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		
maning data ess mai BE AT OST OTTICE BOX		·
	-	
 If amending the registered agent and/or regis registered agent and/or the new registered office add 		enter the name of the
egistered agent and/or the new registered office add	ress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		rida
	City	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>	<u>Name</u>	<u>Address</u>	Type of Action
mgr	Meadows, Elliot	6183 Secret Lake Dr	
		Port Orange, FL 32128	
			■ Remove
			Change
mgr	Elliot Meadows Certified Contractor LLC	6183 Secret Lake Dr	
·		Port Orange, FL 32128	■ Add
			☐ Remove
			Change
		 .	□ Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			Change
		-	Add
			Remove
			Change

				-
			 	
				
				
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		<u> </u>		
ective date, if other than the date in effective date is listed, the date must be specified. If the date inserted in this block drument's effective date on the Department.	pecific and cannot be pr loes not meet the app	ior to date of filing or mo licable statutory filing	(options) ore than 90 days after filit requirements, this da	ng.) Pursuant to 605.020
record specifies a delayed effo he 90th day after the record i		not an effective ti	me, at 12:01 a.n	n, on the earlier o
	2019			
August 20	2019			
ed August 20	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
ted August 20		thorized representative	of a member	

Page 3 of 3

Filing Fee: \$25.00