L17000182237

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	
(C	Ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	

Office Use Only



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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WH COKULTING PALICY (C) 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:
William Hansen Name of Person
WH CONSULTING ARROY (CC
24 Silver Cie
Edgwater of 30141 City/State and Zip Code
Wh CINSULFINGAGENCIE amail. COM E-mail address: (to be Jsed for future amount report notification)
For further information concerning this matter, please call:
Billy Hansen at 386, 871-6649 Name of Person Area Code Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & \Bigcup \$60.00 Filing Fee, 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

(Name of the Limited Liability Co	onpany as tynow appears on our records.) Jed Liability Company	 -
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 17000 8 2237</u> .	01210	and assigned
This amendment is submitted to amend the following:		~ <u>`</u>
A. If amending name, enter the new name of the limited	liability company here:	10000000000000000000000000000000000000
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.de."
Enter new principal offices address, if applicable:		جي آڙي
Principal office address MUST BE A STREET ADDRES.	<u>s</u> ,	28
		7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>en</u> <u>here</u> :	ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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, <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
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tive date, if other	er than the date o	of filing:	125/17	(optional)	
If the date inser	ted in this block do-	es not meet the app	licable statutory t	or more than 90 days Iling requirements	after filing.) Pursuant to this date will not be	o 605.0 e listed
ment's effective d	ate on the Departm	ent of State's recor	ds.			
ecord specifies	a delayed effe	ctive date, but	not an effectiv	ve time. at 12:0	01 a.m. on the e	arlier
e 90th day aft	er the record is	filed.		, -		
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Page 3 of 3

Filing Fee: \$25.00