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COVER LETTER

TO:

Registration Section

Division of Co	rporations				
	G HOME COMPANY, LLC				
SUBJECT:	Name of Lin	nited 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:			
	Joseph Paglino				
	Name of Person				
	Law Office of Joseph S. P	aglino			
		Firm/Company			
	2131 Hollywood Blvd., Suite 201				
		Address			
	Hollywood, FL 33020				
		City/State and Zip Code			
	jungmiami1@aol.de E-mill address: (to be used for future annual report in	otification)		
For further information c	oncerning this matter, please c	ŕ			
Joseph Paglino		954 921-1448			
Name o	† Person	at () Area Code Dayi	ime Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[2] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration 5 Division of C	Section	Street Address: Registration S Division of C	Section		
P.O. Box 632		The Centre of	Tallahassee		
Tallahassee, 1	FL 54514	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W&S JUNG HOME COMPANY, LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/25/2017 and assigned Florida document number L17000220864 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: W&S JUNG COMPANY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City

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

MGR = M	ianager uthorized Member		
AMBR = A <u>Title</u>		A delegan	Tune of Astion
<u>rue</u>	<u>Name</u>	<u>Address</u>	Type of Action
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n effective date is l	isted, the date must be specified in this block of	pecific and cannot be pr	rior to date of filing or	r more than 90 days after fi	nal) ling.) Pursuant to 605.0207 date will not be listed as
	ve date on the Departi			ing requirements, this	rate will not be fisted as
ecord specifies a	delayed effective date	e, but not an effectiv	e time, at 12:01 a.n	n. on the earlier of: (b)	The 90th day after the
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Filing Fee: \$25.00