Division of Corporations Electronic Filing Cover Sheet

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(((H18000092452 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DELOACH, HOFSTRA & CAVONIS, P.A.

Account Number : I19990000123 Phone : (727)397-5571

Fax Number : (727)393-5418

B

##Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address

22 PM | 2 EPARIMENT OF ST 5510N OF CORPORA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WLW ENTERPRISE OF LAKE COUNTY, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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FACSIMILE AUDIT NO.: H18000092452 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WLW E	NTERPRISE OF L	AKE COUNTY, LLC				
(Name of the Limit	ed Liability Compa (A Florida Limited I	ny as it now appears on our r Liability Company)	ecords.)		_	
The Articles of Organization for this Limited Li	ability Company	were filed on FEBRUARY	7 9, 2018	an d	assign	ed
Florida document number L18000037255	,					
This amendment is submitted to amend the follo	owing:					
A. If amending name, enter the new name of	the limited liab	ility company here:				
The new name must be distinguishable and contain the w	ords "Limited Liabil	lity Company," the designation	"LLC" or the al	obreviation	ı "L.L.C	,''
Enter new principal offices address, if applic	able:	4154 NEWLAND STRE	ET			
Principal office address MUST BE A STREE	TADDRESS)	CLERMONT FL 34711-	399			
				• •		
Enter new mailing address, if applicable:	•	4154 NUWLAND STRE	ET		<u></u>	
Mailing address MAY BE A POST OFFICE	BOX)	CLERMONT FL 34711-	8399		:ত ১৬	<u>.</u>
				Z.,	₹	
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B. If amending the registered agent and/ registered agent and/or the new registered of			cords, <u>enter</u>	the na	τ-	the ne
		ŭ.		:	9	
Name of New Registered Agent:	DeLOACH, HO	OFSTRA & CAVONIS, P.A	.			
New Registered Office Address:	8640 SEMINO	LE BOULEVARD				
		Enter Florida street e	address	-		
	SEMINOLE		_, Florida	3772		
	 _	Ctry		Zip C	ocie	

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 Appleaded Agent, Signature of New Registered Agent

Page 1 of 3

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03/22/2018 13:28 Deloach & Hofstra

FACSIMILE AUDIT NO.: H18000092452 3

If amending Authorized Person(s) authorized to manage, enter the tirle, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	WILLIAM L. WOOD	4154 NEWLAND STREET	
		CLERMONT FL 34711	🗎 Remove
		<u> </u>	Change
MGR	WILLIAM I WOOD	4154 NEWLAND STREET	Add
		CLERMONT, FL 34711-8399	□ Remove
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Effective date, if other than the date of filing: [fan effective date is listed, the date must be specific and cannot be prior to the of filing or more than 90 days after filing.) Note: If the date inserted in this block does not meet the applicable statutor. filing requirements, this date v	5. 4.5	
e: If the date inserted in this block does not meet the applicable statutor. Thing requirements, this date vulnent's effective date on the Department of State's records.	viii not be hat	icd as the
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. of the 90th day after the record is filed.	on the earli	ier of:
march 22 , 2018		
Signature of a member or authorized representative of a member		
WILLIAM L. WOOD		

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Filing Fee: \$25.00