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## **COVER LETTER**

Division of Co			
SUBJECT:	WCKV 5er ( Name of Limit	vices LLC ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondent	ondence concerning this matter t	o the following:	
		Jalter Fish	
		Services LLC Firm/Company	
	5549	99 Yellow Jac Address	Ket Dr
		City/State and Zip Code	
For further information c	E-mail address: (to oncerning this matter, please cal	be used for future annual report noti	fication)
		at ( <u>904</u> ) <u>910 ~</u> Area Code Daytimo	e Telephone Number
			receptione (Manuel
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	\$35.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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

WCKV Services LLC.

(Name of the Limited Liability Company as it now appears on (A Florida Limited Liability Company)	our records.
The Articles of Organization for this Limited Liability Company were filed on Feb	ruary 19, 2018 and assigned
Florida document number <u>L 180000 44380</u> .	, ,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the design	
Enter new principal offices address, if applicable:	2013
(Principal office address MUST BE A STREET ADDRESS)	
	162 L
Enter new mailing address, if applicable:	20 2 7
Mailing address MAY BE A POST OFFICE BOX)	2
	70
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	ir records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	<del></del>
Enter Florida .	street address
	Florida
City	Zip Code

New Registered Agent's Signature, it 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</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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