L18000063152

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Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Wesley's Appliance And Air Conditioning Repair LLC 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:
Westey T. Floyd Name of Person
Westerns Applicate & Alc Report IIC Firm/Company
9030 County Hwy 183 South
Ponce de Leon FL 32455 City/State and Zip Code
/ E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nesley 7 Floyd at (850) 333 - 8926 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee

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

Wesley's fooligaco And Air Conditioning Repair LLC
(Number of the Limited Liability Company as it now appears billion records.) A 11: 16
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 9th 2018 and assigned Florida document number <u>L18 0000 63152</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Wesley's Applicate Repeile 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) GO30 COUNTY HWY 183 South Forcedo Leon , FL 32455 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

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.

Cin

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Change
			
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Effective date, if other than the date of filing: (optional) If an effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 02 /01 2019 Way January or a member or authorized representative of a member Westey T. Fley J. Typed or printed name of signee	n amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Filing Fee: \$25.00