# 118000010451

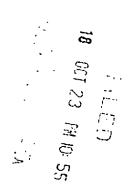
(Requestor's Name)
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(Document Number)
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## **COVER LETTER**

TO:	Registration Se- Division of Cor			
SUDIE	WBG Servi			
SUBJE	СТ:	Name of Limi	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Sherry Sisk		
			Name of Person	·
		WBG Services, LLC		
			Firm/Company	
		1515 Detrick Avenue		
			Address	<del></del>
		DeLand, FL 32724		
		sherry@waynegodwin.com	City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Sherry :	Sisk		386 469-0082	
	Name of	Person		Telephone Number
Enclose	d is a check for th	e following amount:		
■ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 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

WBG Services, LLC		
( <u>Name of the Limited</u> (/	Liability Company as it now appears on our records.)  A Florida Limited Liability Company)	
	bility Company were filed on March 19,2018	and assigned
lorida document number L18000070451		
This amendment is submitted to amend the follow	ving:	· co
a. If amending name, enter the new name of t	he limited liability company here:	
he new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	r the abbreviation "lat.C."
Enter new principal offices address, if applical	ole:	<u>P</u>
Principal office address MUST BE A STREET	ADDRESS)	. ने 
	<del></del>	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE B	OX)	
		•
. If amending the registered agent and/o	r registered office address on our records, o	enter the name of the
egistered agent and/or the new registered offi	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:		
res regiments office radioss.	Enter Florida street address	
	Ploniz	da
	City , FIOTH	ua Ziv 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, enter the title, name, and address of each person\_being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Wayne Godwin	1112 N Peninsula Avenue	
	-	N C N L FI 22160	<b>_</b> Add
		New Smyrna Beach, FL 32169	Remove
		-	A Kelilove
			□ Change
MGR	Brandon Godwin	2460 Westwood Drive	
		New Smyrna Beach, FL 32169	. 🗖 n
			Remove
			Change
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ctive date, if other than the effective date is listed, the date mu	ist be specific and cannot be pri	or to date of filing or	more than 90 days	optional) after filing.)	Pursuan	t to 605
e: If the date inserted in this b iment's effective date on the E			ing requirements	, this date w	/ill not	be list
ecord specifies a delaye ne 90th day after the rec		not an effective	e time, at 12:0	)1 a.m. o	n the	earli
October 18th	2018	·				
	Z)·/					
/ W	17 7 16 1					

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00