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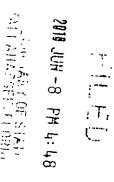
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COVER LETTER

TO:

Registration Section

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations	
SUBJECT: WUYKE INCOR	PORATED LLC ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Raize	Tuerson Name of Person
130(200	Name of Person
	Firm/Company
825 Egge	t Circle A.505 Address
	Address
Delray B	City/State and Zip Code
E-mail address: (to	belused for future annual report notification)
For further information concerning this matter, please call	t:
David Tuerson Name of Person	- Gal - 289 - 8475
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	<u></u>
\$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:	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

WUYKE INCORPORATED (Name of the Limited Liability Company a	>, LLC				
(Name of the Limited Liability Company a (A Florida Limited Liabi	it now appears on our ity Company)	records.)			
The Articles of Organization for this Limited Liability Company wer	e filed on		a	nd assig	ned
Florida document number <u>LIR46 B 698476</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company here:				
WUYKE ENTERTRIS	ES LLC				
The new name must be distinguishable and contain the words "Limited Liability C	ompany," the designatio	n "LLC" or the a	ibbreviat	ion "L.L.(C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
				123	
Enter new mailing address, if applicable:			=:-		!
(Mailing address MAY BE A POST OFFICE BOX)			P .	<u>၂</u> တ	1
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			٠. تو:	÷:	<u>C.</u> ,
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our re	ecords, <u>ente</u> i	the r	<u>ame-of</u> ⇔	the new
registered agent animor the new registered office address here.					
Name of New Registered Agent:					
New Registered Office Address:					
The Manager of the Manager.	Enter Florida street	address			
		, Florida _			
	City	<u> </u>	Zip	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>	Name .	Address	Type of Action
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ective date, if other effective date is listed, the case inserted the case inserted the case inserted the case inserted the case in the case inserted the case in	he date must be spo l in this block do	ecific and cannotes not meet t	he applicable		nore than 90 day	(optional)		
record specifies a he 90th day after			but not ar	n effective	time, at 12	:01 a.m. on tl	ne earli	er of:
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Page 3 of 3

Filing Fee: \$25.00