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COVER LETTER

TO: Registration Se Division of Cor					
WARDER	ICK WELLS, LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
	ondence concerning this matter				
	CHRISTINE TORRES				
		Name of Person			
	LAW FIRM OF JOSH N.	BENNETT, ESQ., P.A.			
		Firm/Company			
	440 N ANDREWS AVE				
		Address		₩. ±	
	FT. LAUDERDALE, FL.	33301			
		City/State and Zip Code		10 13 16 13	
	josh@joshbennett.com			<u>ς</u> ;;;ω	THE ED
		to be used for future annual report notif	ñeation)	PH 4: 31	الساية
For further information c	oncerning this matter, please co	all:		, 등등 *. , 등등 ω	
Christine Torres		954 779-1661 at()		D	
Name o	f Person		e Telephone Number		
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WARDERICK WELLS, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on JUNE 6, 2018	and assigned
Florida document number L18000140620		
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 designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u></u>	EC 13
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	_	nter the name of the n
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ERNEST SCHUETZ	_	
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Typed or printed name of signee

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