06/22/2018 1	Florida Department of State Division of Corporations Electronic Filing Cover Sheet	P.001/004 Page 1 of 2
	Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.	
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	To: Division of Corporations Fax Number : (850)617-6383	(1) (1) (1)
	From: Account Name : MACFARLANE FERGUSON & MCMULLEN Account Number : 076077001654 Phone : (813)273-4229 Fax Number : (813)273-4396	
:D 🗞	nter the email address for this business entity to be used for future annual roport mailings. Enter only one email address please.**	lire M
RECT 2018 JUN 22 PH	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEATHERFORD CAPITAL MANAGEMENT LLC Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Weatherford Capital Management, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florids Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 6/12/2018 and assigned Florida document number L18000145202 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 ADDRESS) • ••• •••) : : Enter new mailing address, if applicable: > (Mailing address MAY BE A POST OFFICE BOX) \langle , \rangle ٦ 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 Florida

New Registered Agent's Signature, if changing Registered Agent:

06/22/2018

11:59

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

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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		<u>Address</u>	Type of Action
MGR	Sam Weatherford		3030 N. Rocky Point Drive	🖸 Add
	· .		Suite 150A	Remove
			Tampa, Florida 33607	O Change
MGR MBR	Weatherford Capital, LLC		100 N. Tampa Street	🗃 Add
			Sulte 2320	Remove
			Tampa, Florida 33602	Change
				🖸 Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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05/22/2016 11:59

June 22 Dated 2016 Signature of a member or authorized representative of a member

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Sam Weatherford

Typed of printed name of signee

Page 3 of 3 Filing Fee: \$25.00

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