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Special Instructions to	Filing Officer:			

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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Rem	ove and add	AP Manager	
	Name of Lim	nited Liability Company	
The enclosed Articles of a	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Decome	E. Jaseth	
		Name of Person	
	WayMaker	Marketing and Professional Ser	vices, LLC
	•	Firm/Company	
	5613 Fletch	her Street	
	 	Address	
	Hollyw	City/State and Zip Code	
	Waymakers	Service IIc @ gmail. Com (to be used for future affilial report notification)	
	E-man address: ((to be used for future annual report normeanou)	2021 Tix
For further information co	oncerning this matter, please c	call:	
Deome	Joirrell	at (<u>૧</u> ೭૫) 607. ৭구76	题 29
Name of	f Person	Area Code Daytime Telephone Number	治
			तः । इ.स. ८० सम्ब
Enclosed is a check for th	e following amount:		
S \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(to be used for future annual report notification) call: at (154) 607. 9776 Area Code Daytime Telephone Number \$55.00 Filing Fee & \$60.00 Filing Certified Copy (additional copy is enclosed) Certified Certif	ng Fee, of Status & opy opy is enclosed)
Mailing Address	s:	Street Address:	
Registration S		Registration Section	
Division of C	· · · · · ·	Division of Corporations	
P.O. Box 632	7	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waymaker Marketing and Propessional Services, LC (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company Florida document number 48 000 160567.	were filed on 04-106/21	and assigned
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or t	he 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) B. If amending the registered agent and/or registered office a	ddrass on our records, ontor the	name of the new registered
agent and/or the new registered office address here:	duress on our records, enter the	name of the new registered
Name of New Registered Agent:		2021 U
New Registered Office Address:	Enter Florida street address	32 N
	Florida	P. T
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		75 5

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 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>	Address	Type of Action
AP	Dwight K Jarrett	5613 Fletcher St	□Add
		Hollywood, FL	XRemove
			□Change
A P		Roy Me Pherson	X Add
		7721 Grandview Blvo	□Remove
		Miramar, FL 33023	□Change
			□Add
			□Remove
			□Change
			2021 Add 200 PH 5
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			Change
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			□Remove
			DChange
			□Add
			□Remove
			☐ Change

Typed or printed name of signee