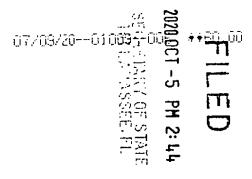
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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COVER LETTER

Tallahassee, FL 32314

TO: Registration Section Division of Corporations	
SUBJECT: SOIGNE EX	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	atter to the following:
Daryer Soigne	S LAWYENCE Name of Person EXTENSIONS
3320 F	Firm/Company AUI OG ACOY O CIYCIE Address
Lakem	ary, FL 32746
SOIGNEEX- E-mail addre	ess: (to be used for future annual report notification)
For further information concerning this matter, plea	șe call:
Daryeas Lawri Name of Person	ence at (407 078 0440) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Statu	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Signe Extension (A Florida Limited Lim	ny as it now appears on our reclability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number 4.000.045.75	were filed on OF/O	7/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	WLIC	LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA	S PM 2: 44 ASSEE FL
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records, <u>en</u>	ter the name of the new registered
Name of New Registered Agent: New Registered Office Address:	Enter Florida street ado	lress
		Florida
	City	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

Title	<u>Name</u>	Address	Type of Action
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n effective date is listed, the date must be specific and cannot be te: If the date inserted in this block does not meet the	applicable statutory fil	ing requirements, th	is date will n	ancio 603,020 of be listed t
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cord specifies a delayed effective date, but not an effec	tive time, at 12:01 a.n	n, on the earlier of: (b) The 90th	day after the
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