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## **COVER LETTER**

| TO:          | Registration Se<br>Division of Cor |   | ٠   |  |
|--------------|------------------------------------|---|---|--|
| C11D 1       | 43 (200)                           | VICES GROUP LLC                                 |   |  |
| SUDJ         | BC1                                | Name of Limi                                    | ited Liability Company  |  |
| The en       | nclosed Articles of .              | Amendment and fee(s) are sub-                   | mitted for filing.  |  |
| Please       | return all correspo                | ndence concerning this matter                   | to the following:   |  |
|              |                                    | WILLIAM MICHEL MAR                              | TIN   |  |
|              |                                    |   | Name of Person  |  |
|              |                                    | WJD SERVICES GROU                               | PLLC  |  |
|              |                                    |   | Firm/Company  |  |
|              |                                    | 4213 SUMMIT CREEK E                             | BLVD 7204   |  |
|              |                                    |   | Address   | <del></del>  |
|              |                                    | ORLANDO FL 32837                                |   |  |
|              |                                    | delacuba3@gmail.com                             | City/State and Zip Code   | <del></del>  |
|              |                                    | E-mail address: (1                              | to be used for future annual report notifi                          | cation)  |
| For fu       | rther information c                | oncerning this matter, please co                | all:  |  |
| WILL         | IAM MICHEL MA                      | RTIN  | 727 336-6236  |  |
|              | Name o                             | f Person  | at () Area Code Daytime   | Telephone Number   |
| Enclos       | sed is a check for th              | ne following amount:                            |   |  |
| <b>■</b> \$2 | 25.00 Filing Fee                   | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

| WJD SERVICES GROUP LLC   |  |                       |                   |
|--|--|-----------------------|-------------------|
| (Name of the Limited Liability Com<br>(A Florida Limite  | npany as it now appears on our records.) ed Liability Company) | _                     |                   |
| The Articles of Organization for this Limited Liability Compa  | ny were filed on AUGUST 6, 2018                                | and assigne           | ed                |
|  |  |                       |                   |
| This amendment is submitted to amend the following:  |  |                       |                   |
| A. If amending name, enter the new name of the limited li  | ability company here:  |                       |                   |
| The new name must be distinguishable and contain the words "Limited Lie  | ability Company," the designation "LLC" or the                 | abbreviation "L.L.C." | •                 |
| Enter new principal offices address, if applicable:  |  |                       | - <b></b>         |
| (Principal office address MUST BE A STREET ADDRESS)  |  | 18                    | 12.<br>13.<br>13. |
| 1  |  | SE                    | <u> </u>          |
|  |  | 1                     | <u> </u>          |
|  |  | <del>-</del>          |                   |
| Enter new mailing address, if applicable:  |  | <u></u>               |                   |
| (Muiling address MAY BE A POST OFFICE BOX)   |  | <u> </u>              | <u> </u>          |
|  |  | 25                    | <u> 5</u> 7       |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address h  Name of New Registered Agent: |  | r the name of t       | he nev            |
| <del>-</del>   |  |                       |                   |
| New Registered Office Address:   | Enter Florida street address                                   |                       | <del></del>       |
|  | , 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

| <u>Title</u> | <u>Name</u>                         | Address   | Type of Action |
|--------------|-------------------------------------|---|----------------|
| AMBR         | JAQUELINE RIBEIRO VALENZUELA MARTIN | 4213 SUMMIT CREEK BLVD<br>7204 ORLANDO FL 32837 |                |
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|              |                                     |   | ☐ Change       |
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