

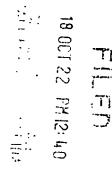
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COVER LETTER

Division of Cor	porations					
WW Facilit	y Solutions LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Tyler B. Korn					
		Name of Person				
	Korn & Kalish LLP					
		Firm/Company				
	5150 Tamiami Trail N., Su	ite 302				
		Address				
	Naples, FL 34103					
	tkorn@korntax.com	City/State and Zip Code				
	E-mail address: (to be used for future annual report notific	ation)			
For further information of	oncerning this matter, please ca	all:				
Tyler Korn		239 354-4300 at ()				
Name c	of Person	at ()	Felephone Number			
Enclosed is a check for t	he following amount:					
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & 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

TO:

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

WW Facility Solutions LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records ed Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Compa Florida document number L18000192034	ny were filed on August 10, 2018	and assigned
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:	<u> </u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		<u></u>
		22
Enter new mailing address, if applicable:		PH 7
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		, enter the name of the new
Name of New Registered Agent:	 ,	
New Registered Office Address:	Enter Florida street address	
	, Flo	orida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	

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 = M $AMBR = A$	Janager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Remove
			Change
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			Add
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			□ Change

The	transfer of ownership of the Limited Liability Company is subject to the terms and conditions of	
a ce	rtain Franchise Agreement entered into with System4, LLC.	
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reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli 0th day after the record is filed.	er of:
ated _	16 Oche 2018	
	Chana de celand	
	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00