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SION OF CORPORATION:

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COVER LETTER

TO: Registration of Division of			
3003ECT	Name of Lim	ited Liability Company	
Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Stacey L. Woelkers Name of Person			
Please return all corr	Name of Limited Liability Company the enclosed Articles of Amendment and fee(s) are submitted for filing. tease return all correspondence concerning this matter to the following: Stacey L. Woelkers		
	Stacey L. Woelkers		
Stacey L. Woelkers Name of Person Firm/Company 2705 W Torch Lake Dr Address Wildwood, FL 34785 City/State and Zip Code stacey.woelkers@thevillages.com			
	 .	Firm/Company	
	2705 W Torch Lake Dr		
	Wildwood, FL 34785	Address	
	stacey.woelkers@thevillage		
	E-mail address: (t	to be used for future annual report notifi	cation)
For further informati	on concerning this matter, please ca	all:	
Stacey Woelkers			
Na	me of Person		Telephone Number
Enclosed is a check	for the following amount:		
□ \$25.00 Filing Fe		Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

Stacey L. Woelkers, LLC (Name of the Limited Liability Comp	pany as it now appears on our records.) Liability Company)	
(A Florida Limited	(Tiability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on August 13, 2018	and assigned
Florida document number 1.1800193405		
This amendment is submitted to amend the following:		
A If amending name, enter the new name of the limited lia	<u>bility company here</u> :	
The new name must be distinguishable and contain the words "Limited Lial	bility 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)		
		AUG :
Enter new mailing address, if applicable:		1000 F COR
(Mailing address MAY BE A POST OFFICE BOX)		2: Sk
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, <u>ent</u> ere:	er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	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>	<u>Address</u>	Type of Action
MGR	Stacey L. Woelkers	2705 W Torch Lake Dr, Wildwood, FL. 34785	
			Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00