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COVER LETTER

Division of Cor	porations				
SUBJECT: WK	J Bull+ Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fec(s) are subr	nitted for filing.			
Please return all correspo	ondence concerning this matter t	to the following:			
	Sebasa WHJ B	Name of Person Firm/Company			
	3177 W	Ells Beach Rd			··
	Navare Walantro	FL 32566 City/State and Zip Code City/State and Zip Code Obe used for future annual report notifications Obe used for future annual report notifications Obe used for future annual report notifications Observed to the content of the content o	// ication)	Sa Non Land	
For further information c	oncerning this matter, please ca	all:	1001	:. 27 27	25
Wade W	CS 109 Bason	at (<u>856)</u> Area Code Daytime	- Telephone Number	·,71	⊕ (3)
Enclosed is a check for the	he following amount:				
© \$25.00 Filing Fee	\$2 \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee Certificate of St Certified Copy (additional copy is e	atus &	

Registration Section

YO:

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

Wer Built LLC	,	
Name of the Limited Liability (A Florida L	Company as it now appears on our records. Imited Liability Company)	-)
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 18000 JJ0 393</u>	Impany were filed on $9/9/2$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limits	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enger new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
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		7 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Enter new mailing address, if applicable:		31 U.U.
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		ဟ ညှော
B. It amending the registered agent and/or registe registered agent and/or the new registered office addre		enter the name of the new
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street address	
	Clas	rida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hareby 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	Sebastion Lyons	432 S. Lovellet Ave. 0 FL, 32835	MAdd
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_	····	Signatur	e of a my inber	or authorized	representative of	a member		

Page 3 of 3

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