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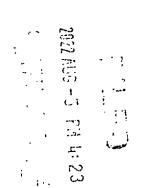
(Requestor's Name)	···
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AUG 2 5 2022

COVER LETTER

TO: Registration Section Division of Corporati	ions	
(1)	IVI Haldhaelde	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of Amend	dment and fee(s) are submitted for filing.	
Please return all correspondence	e concerning this matter to the following:	
,		
	WKeith LEARY Name of Person	_
	WKL Holdings LLC	
	Firm/Company	-
	14/ Elsie DR	_
	Address	
_	EAST PA-A-HA-FL 3213/ City/State and Zip Code Keth Leary 99 (By Ahoo. COM E-mail address: (to be used for future annual report notification)	_
	City/State and Zip Code	. 21
	E-mail address: (to be ased for future annual report notification)	1
For further information concern	,	_ (;)
(1)	1/5/2/ 00// 1/9 00/7	€1 ; #13
Name of Person	h LEAR at (984) C69-0067 Area Code Daytime Telephone Number	
	,	r = :
Puel and it was not for the full		, ,
Enclosed is a check for the follo		(1)
\$25:00 Filing Fee	•••	ite of Status &
	(additional copy is enclosed) Certified (additional	l Copy I copy is enclosed)
Mailing Address:	Street Address:	
Registration Section	on Registration Section	
Division of Corpor P.O. Box 6327	rations Division of Corporations The Centre of Tallahassee	
1.Q. DUX UJ4/	The Centre of Tananassee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303



RECEIVED

2022 JUL -8 PM 12: 22

FLORIDA DEPARTMENT OF STATE Division of Corporations State

Division of Corporations STALLARY SECURE

June 20, 2022

KEITH LEARY 141 ELSIE DR EAST PALATKA, FL 32131

SUBJECT: WKL HOLDINGS LLC Ref. Number: L18000235717

We have received your document for WKL HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 722A00013775

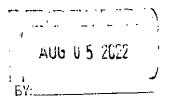
THE DO DOVICED MILL THE PROPERTY OF THE PROPER



July 22, 2022

KEITH LEARY ***2ND MAILING 141 ELSIE DR EAST PALATKA, FL 32131

SUBJECT: WKL HOLDINGS LLC Ref. Number: L18000235717



We have received your document for WKL HOLDINGS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tekayla T Matthews OPS

Letter Number: 922A00016401

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

121/1/1/1

WE Holdings LL	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1 8000 735717</u> .	""
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	dity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)	14/ Flore DR EAST PALAHKA FL 32131
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	14/ Elsie DR T EAST PA/A+Ka FL 32/3/
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address: / //	Elsie DR

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 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
MGR	KEITH LEARY		□Add
	,	14/ E/SIE DR	□Remove
		EAST PALAKA 321	<u>′3/</u> , Q Change
		□Add	
		□Remove	
			□Change
			□Add
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			Change

(If an el Note:	tive date, if other than the date of filing:
the reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the iled.
Dated	Signature of a member or futhdrized representative of a member