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TO:	Registration Se Division of Cor					
SUBJE		WICK REALTOR LLC				
SOBJE		Name of Lim	nited Liability (L Company		
The end	closed Articles of	Amendment and fee(s) are sub	mitted for fil	ing.		
Please	return all correspo	ndence concerning this matter	to the follow	ing:		
		SHARON WICK				
			Name (of Person		-
		SHARON WICK REALT	OR LLC			
			Firm/C	Company		-
		2717 PERSIMMON- LLO	_	1 ' '	[ALLA	2019 WAH
			Ado	dress	> S	
		THE VILLAGES FL 321	62		<u>က</u> မာ လ	i. ~
			City/State a	nd Zip Code		T 7
		-bill@hartmanobrien.om	swicke	pembargmai	1.Com	
		E-mail address: (to be used for	future annual report no	tification)	. 🗴
For furt	her information co	oncerning this matter, please c	ali:			
SHAR	ON WICK		9] at (
	Name of	f Person		ea Code Dayti	me Telephone Number	
Enclose	ed is a check for th	ne following amount:				
■ \$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certif	Filing Fee & ied Copy nal copy is enclosed)	Certified	te of Status &
	Registra	ING ADDRESS: ation Section n of Corporations		STREET/COUF Registration Sect Division of Corp		

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MICH REACTOR LLC	<u> </u>
(Name of the Limited Liability Co	ompany as it now appears on our reconted Liability Company)	ords.)
(A Florida Enti	Company	
The Articles of Organization for this Limited Liability Comp	pany were filed on 01/14/2019	and assigned
Florida document number L19000016037		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
SHARON WICK LLC		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	
Enter new principal offices address, if applicable:		2019
(Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
		\$35
		T T
Enter new mailing address, if applicable:		
5 · 11		 _
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addi	ress
	1	Clarida
	, Litv	Florida Zip Code
New Registered Agent's Signature, if changing Registered Ag	,	,
ison inclinician agent s organitate, it changing registered Ag	<u> </u>	

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

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

MGR = N AMBR = N	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			Add
			Remove
			☐ Add
			☐ Change
			□ Add
			Remove
		-	
			☐ Remove
		_	□ Change
	 		
			Remove
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If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
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Effective date, if other than the date of filing: f an effective date is listed, the date must be specific and cannot be prior Note: If the date inserted in this block does not meet the applicated document's effective date on the Department of State's records.	able statutory filing requirements, this date will not be listed as
ne record specifies a delayed effective date, but not The 90th day after the record is filed.	t an effective time, at 12:01 a.m. on the earlier of
Dated March 12, 2019 Sharon Wicke Signature of a member or author	
Sharon Nicke Signature of a member or author	rized representative of a member
Sharon Wick Typed or printe	

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Filing Fee: \$25.00