## 1190000 30691

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2019 HAR 13 PH 4: 00

C. GOLDEN MAR 2 5 2019

## **COVER LETTER**

(14 145 H 17 / OPE)	SERVICES, LLC		
NOBJECT.	Name of Lim	ited 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:	
	Willie Crockett		
		Name of Person	
		Firm/Company	
	DELRAY BEACH, FL 33	Address 444	
	scrockett12@gmail.com	City/State and Zip Code	
For further information c	E-mail address: (concerning this matter, please co	to be used for future annual report notifiall:	fication)
Willie Crockett		561 306-6869 at ( )	
Name c	of Person	at () Area Code Daytimo	e Telephone 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:

TO:

Registration Section Division of Corporations

> 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

FILED

WC DATA SERVICES, LLC

company has been notified in writing of this change.

2019 HAR 13 PM 4: 00

( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears o	on our records.)
(A Fiorida Citi	med Elabinty Company)	on alt.
The Articles of Organization for this Limited Liability Com	pany were filed on 01/30	
Florida document number L19000030691		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here	:
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registered		our records, enter the name of the new
registered agent and/or the new registered office address	<u>here</u> :	
N. C.N. B. L. L.		
Name of New Registered Agent:		
New Registered Office Address:		
		i street address
	/V-	, Florida
N. N	City	Zıp Code
New Registered Agent's Signature, if changing Registered Registe	<u>gent:</u>	
I hereby accept the appointment as registered agent and		
provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent		
being filed to merely reflect a change in the registered o		

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
AMBR	CROCKETT W. ILLIE	117 SW 11TH AVE	
		DELRAY BEACH, FL 33444	
			Remove
			☐ Change
1.1.(D.D.	WILLIE CROCKETT	HI7 SW HTH AVE	
AMBR			
		DELRAY BEACH, FL 33444	
			Remove
			Change
			□ Remove
			Change
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Ffaat	so data if other than the data of filing.
ote:	ce date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	3-9-19.
	Wille Crocken
	Willie Curtett Signature of a member or authorized representative of a member

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Filing Fee: \$25.00