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Office Use Only



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COVER LETTER

TO:	Registration So Division of Cor		•				
eum u		1 Strategies LLC					
SUBJI	ECI:	Name of Lim	ited Liability Company				
The en	iclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		Jeremy Sheftel					
		Name of Person					
		Firm/Company					
		102 Avalon Drive					
			Address	· · ·			
		Ormond Beach, FL 32176					
		City/State and Zip Code					
		jsheftel4@gmail.com					
		E-mail address: (to be used for future annual report notification)					
For fu	rther information o	oncerning this matter, please c	all;				
Jerem	y Sheftel		404 2185914 at ()				
	Name o	of Person	at () Area Code Daytime	Telephone Number			
Enclos	sed is a check for the	he following amount:					
□ \$ 2	5.00 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:

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

Deep South Strategies LLC				
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on o Liability Company)	our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 02/04/20	019	and assigned
Florida document number 1.19000034239	·			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liah	oility company here:		
Wieuca Strategies LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designa	ation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	cable:	Same Address		
(Principal office address MUST BE A STRE	ET ADDRESS)			51.13 5
				是
Enter new mailing address, if applicable:		Same Address		S. F M
(Mailing address MAY BE A POST OFFICE	BOX)			
				6: 19
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B. If amending the registered agent and	l/or registered o	ffice address on our	records, <u>enter t</u>	he name of the ne
registered agent and/or the new registered of	office address ner	<u>'e</u> :		
Name of New Registered Agent:	Same Name			
New Registered Office Address:	Same Address			
		Enter Florida st	reet 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 = 1	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			_ □ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			□ Change
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			□ Change

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
(lf a	fective date, if other than the date of filing:
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.
Da	Signature of a member or authorized representative of a member
	Jeremy Sheftel
	Typed or printed name of signee

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Filing Fee: \$25.00