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COVER LETTER

Division of Corporations
SUBJECT: Wicker Enterprises I LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Paul Wicher
Name of Person
Firm/Company
237 SE Monroe Cic N Address
St. Pete, fl 33703 City/State and Zip Code PS. wicker @ Grail. (om E-mail address: (to be used for future annual report notification)
PS. Wicker @ Grail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Paul Wich-ed at (703) 474-3323 Name of Person Area Code Daytime Telephone Number
Enclosed is a cheek for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$60.00 Filing Fee. \$\Bigcup \$60.00 Filing

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

(Name of the Limited Lie (AFI	ability Company as it now appears on our records.) orida Limited Liability Company)
	ty Company were filed on <u>\(\frac{\partial 18/19}{\}\) and assigned</u>
This amendment is submitted to amend the following	g:
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 designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON	M D A 9:3
registered agent and/or the new registered office	
Name of New Registered Agent:	Paul Wicher
New Registered Office Address:	Paul Wichel 232 SE MONYOE CIL N Enter Florida street address
_	St. Pete Florida 33703 City Zip Code
New Registered Agent's Signature, if changing Regis	

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			🗅 Remove
			Change
			☐ Remove
			☐ Change
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			SLURE TARY DE STATE ALLI AHASSEEL FLORIDA
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n effective date is <u>ete:</u> If the date	other than the datalisted, the date must be sinserted in this block of the date on the Depart	pecific and canno locs not meet th	ie applicable sta	of filing or more tha stutory filing requ	(option n 90 days after fi irements, this c	ling.) Pur	suant to 605.020 not be listed a
record spec he 90th day	ifies a delayed eff \prime after the record	ective date, is filed.	but not an e	ffective time,	at 12:01 a.	m. on t	the earlier o
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Page 3 of 3

Filing Fee: \$25.00