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COVER LETTER

Division of Cor			
SUBJECT:E_	+W Enter	rprises of N ited Liability Company	WF LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Wilson	Joung Jr. Name of Perso	
		Firm Company	
	7764 8	Sacon Mead	ow Dr.
	Georget	Own IN 3	1336
	Waby E-mail address: (0301 @ amo	cil.com
For further information co	oncerning this matter, please ca	ail:	
Wilson	Joung Jr	at (<u>ESO 70</u> Area Code Daytime	+ 6349 Telephone Number
Enclosed is a check for th	e following anyount:		
\$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:

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

E + W Enterprises of NWF LIC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>OH and assigned</u> and assigned	
Florida document number <u>L 19000115013</u>	
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 designation "LLC" or the abbreviation "LC".	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	i
<u> </u>	į
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:	4
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street address	
, Florida	
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 = Authorized Member

Title	Name	Address	Type of Act	<u>ion</u>
MGR	Wilson Young Jr	7900 Sunset Ave.		
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Effective date.	if other than the	date of filing:	08/1	61a	019	_ (optional)		
II an effective date	is listed, the date mus e inserted in this blo	t be specific and c	annot be prior to	o date of filing i	or more than 90 iling requirem	lays after filing ents, this date	.) Pursuant to 60 will not be li:	05.0207 sted as
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