L19000136761

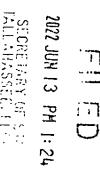
(Requestor's Name)			
(Address)			
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COVER LETTER

TO: Registration S Division of Co					
	roperty Managment LLC				
SUBJECT:	Name of Limit	ed Liability Company	<u> </u>		
The enclosed Articles o	f Amendment and fee(s) are subm	nitted for filing.			
Please return all corresp	ondence concerning this matter to	o the following:			
	Wilbert A Clause III				
		Name of Person			
	WLAC Property Manageme	ent LLC			
		Firm/Company			
	3005 Laurel Dr				
		Address			
	Gulf Breeze, FL 32563				
	City/State and Zip Code				
	clause03@yahoo.com				
	E-mail address: (te	o be used for future annual report no	inheation)		
For further information	concerning this matter, please ca	II:			
Wilbert A Clause, III		850 748-6898			
Name	of Person	Area Code Dayti	me Telephone Number		
Enclosed is a check for	the 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:

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



WLAC Property Management LLC (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 5/21/2019 and assigned Florida document number ______L19000136761 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Eric L Gleaton		
		102 E Nine Mile Rd Pensacola, FL 32534	■ Remove
AMBR	Lori A Clause	3005 Laurel Dr Gulf Breeze, FL 32563	
			☐ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
			□ Change

D. If amending any other infor	mation, enter change(s) here: (Attach additional sheets, if necessary.)	
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E. Effective date, if other than to (If an effective date is listed, the date Note: If the date inserted in this document's effective date on the	he date of filing:	5.0207 (3)(.ed as the
f the record specifies a delay b) The 90th day after the r	ed effective date, but not an effective time, at 12:01 a.m. on the earliecord is filed.	er of:
Dated June 7	2022	
_ Wi	Signature of a member or authorized representative of a member	
Wilbert A Clause, III		
	Typed or printed name of signce	

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Filing Fee: \$25.00