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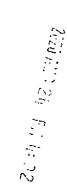
(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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O SIMMONS

OCT 0 7 2020

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WF Development 2.60 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:	
Mark Spier Name of Person	
WF Development LLC Firm/Company	
4927 US Highway 19 Address	
New Port Richy F1 34657 City/State and Zip Code Mark So Widowfletchers. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
March Spier at (127) 514-3955 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution Sol	

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WF Developmen	ny as it now appears on our records.) Liability Company)
(A Florida Limited I	
The Articles of Organization for this Limited Liability Company Florida document number <u>61900143173</u> .	were filed on $\frac{5/39/3019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NIA
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4927 US Highway 19 New Port Richey F1 34652
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent: W/A	
New Registered Office Address: W/A	Enter Florida street 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 2323 AP 24 P.: 4: 02 <u>Type of Action</u> AMBR = Authorized Member <u>Title</u> <u>Address</u> <u>Name</u> David Hirschauer 9205 Post Rd MAdd 0 dess 4 Fl 33556 □Remove _____ □Change _____ DAdd ____ Change ______ _ _Add _____ □Change \square Add □ Remove ☐ Change bbA□ □Remove Change

<u>N/A</u>	4-JAL 24 Fr. 4:02	
		
		
		
		
- <u></u>		
	ot be prior to date of filing or more than 90 days after filing.) Pursuan ne applicable statutory filing requirements, this date will not	
record specifies a delayed effective date, but not an ell is filed.	fective time, at 12:01 a.m. on the earlier of: (b) The 90th de	ay after the
A. K. 4 15	000	
ated August 15, 5	1030	

Filing Fee: \$25.00