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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	porations	•		
CUID ITTZEE.	FLORIDA DOCUMENTS AND BUSINESS SOLUTIONS, LLC				
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	l Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please return	all correspo	indence concerning this matter	to the following:		
		WAHTI CASTILLO			
			Name of Person		
		FLORIDA DOCUMENTS	S AND BUSINESS SOLUTIONS,	LLC	(n)
			Firm/Company		33 23
		1923 SHEELER OAKS D	R	7.4.	231
			Address		, ပ်
		APOPKA, FL 32703		ກໍ່ : ເກັດ ຕາ <i>ຍ</i>	7073 E4Y -3 PH12: 26
			City/State and Zip Code		; ?: ?:
		WAIITIC@GMAIL.COM		·	n Oi
For firether in	Mormation o	oncerning this matter, please c	to be used for future annual report no	ineation)	
		oncerning this matter, please c	au.		
WAIITI CA:			954 3481974 at ()		
	Name o	f Person	Area Code Daytir	ne Telephone Number	_
Enclosed is a	check for th	ne following amount:			
■ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing In Certificate of Certified Copy (additional copy in Certified Copy in	Status & y
	iling Addres gistration S		Street Address: Registration Se	ection	
Div	ision of C	orporations	Division of Co	rporations	
P.C). Box 632	7	The Centre of	Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FLORIDA DOCUMENTS AND BUSINESS SOLUTIONS, 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 06/25/2019 and assigned Florida document number <u>L19000166030</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WJI Holdings He The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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.

Cuy

If Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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
			
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and the date of the section of the s	
ective date, if other than the date of filing: I effective date is listed, the date must be specific and cannot be prior to date of filing or more that: If the date inserted in this block does not meet the applicable statutory filing recomment's effective date on the Department of State's records.	(optional) han 90 days after filing.) Pursuant to 605,020 quirements, this date will not be listed a
record specifies a delayed effective date, but not an effective time he 90th day after the record is filed.	$_{ ext{:, at }12:01}$ a.m. on the earlier $_{ ext{c}}$
ed	
ed 4-28-2023 Wait Castillo Typed or printed name of signee	

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