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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: WSJ REI GROUP 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:
Pauline SANTen
Name of Person Name of Person L C
7860 W. Company B/W # 729
Lawchill (133351
City/State and Zip Code
É-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pauline South 34, 7703401
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

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

WSJ REI G	shou	LLC
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on o Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000 21395</u>	were filed on 12/	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ILC	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7860 M	J Commercial BIVI #7
(Principal office address MUST BE A STREET ADDRESS)	LAUDerhi	11 12 13 13 13 13 13 13 13 13 13 13 13 13 13
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		30 PH 5: 44
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida str	ant addrass
	isater v tortad str	
	City	Florida 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 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
			SECRETAL SECRETARIA
		·	SECHELARIA CA
	·		PR SEE STANK
			□Remove
			□Change
			□Add
			Remove
			Change
			□Add
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			Change
			□Add
			Remove
			Change

		
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ffective	date, if other than the date of filing:	0207
<u>iote:</u> If t	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste 's effective date on the Department of State's records.	d as t
record sp	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ated	December 20 2019	
	Taries	
	Signature of a member or authorized representative of a member	
	Youline Saint - Jean Typed or printed name of signee	