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R. WHITE FEB 1 8 2020

COVER LETTER

Division of Corpo			
SUBJECT:_	I Idustrie	S LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	lence concerning this matter t	to the following:	
·	<u> Ian Le</u>	Name of Person	
		Firm/Company	
	5712 H	ickery Dr. Address	
	Fort Pie	CCE F 3 495 City/State and Zip Code	32
		lass of mail co	
For further information cor	neerning this matter, please ca	dl:	
Ian Lough	Person	at (<u>77Z</u>) <u>985 -</u> Area Code Daytime	O362 Telephone Number
Enclosed is a check for the	following amount:		
S \$25.00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 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**

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WI Idustries L	LC		
(Name of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears	on our records.)	
		2 . 10 . 2010	,
The Articles of Organization for this Limited Liability Company	were filed on	2 18 - 2019	_ and assigned
Florida document number <u>LZ000001057</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company her	<u>'e</u> :	
WI Industries	LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the de-	signation "LLC" or the abbre	wiation "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)			
muning duaress man the art our of their body			
B. If amending the registered agent and/or registered office a	address on our re-	cords, <u>enter the name o</u>	of the new registered
agent and/or the new registered office address here:		· -	
Name of New Registered Agent:			
N D - 1 1 Off A H			
New Registered Office Address:	Enter Florid	da street address	
		Elorida	
	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
AMBR	Ian Loughlin	5717 Hickory Dr.	🌠 Add
		Cort Pierce F1 34982	□Remove
			□Change
AMBR WI	William Loughlin	759 Oak St.	%\Add
		Port Saint Lucie, Fl	□Remove
	340	34957	□Change
			□Add
			Пстюче
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			☐Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
lf an e <u>Note</u>	tive date, if other than the date of filing:
e reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	1 January 13 2020
	Signature of a member or authorized representative of a member
	Tan Losofilin Typed or printed name of signee
	Lan Losqviin