## L20000008486

(Req	uestor's Name)	
(Adda	ress)	
(Add	ress)	
(City)	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Busi	iness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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S. ROSERTS

JUL 1 7 2023

FLORIDA CAPITAL COURIER SERVICES, II	NC .
2330 CLARE DRIVE	
TALLAHASSEE, FL 32309	
(850) 524–5437	
(850) 524–6243	
Please use funds from this account:	120210000160: \$25.00
Authorization Signature: factor	el :
WHOLESALE AUTOMATION LLC	L20000008486
BUSINESS NAME	DOCUMENT #
_ Certified Copy	
Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP	_X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentRevocation of DissolutionMergerArticles of ConversionAmended and restated ArticlesStatement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
Fictitious Name	Limited Partnership Reinstatement
APOSTILLE	Other
Country	
EXAMINER'S INITIALS:	

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	Wholesale	Automation LLC		
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kiel J. Green, Esq.			
Name of Person				
	Emerald Law, PLLC			
	<del></del>	Firm/Company	· <del></del>	
	4700 Sheridan Street, Ste.	J		
		Address	<del></del>	
	Hollywood, Florida 33021			
	kiel@emeraldlaw.us	City/State and Zip Code		
		to be used for future annual report not	ification)	
For further information of	concerning this matter, please co	all:		
Jeffrey Hord		703 283-1746		
Name o	of Person	at ()	ne Telephone Number	
Enclosed is a check for t	he 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 Division of C P.O. Box 632	Section Corporations	Street Address: Registration Se Division of Co The Centre of	rporations Fallahassee	
Tallahassee, FL 32314		2415 N. Monroe Street. Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

**OF** 

WHOLESALE AU			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appear Liability Company)	s on our records.)	
he Articles of Organization for this Limited Liability Company were filed on			and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company he	e <u>re</u> :	
			21
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the d	esignation "LLC" or the abl	previatjon "L.L.C."
Enter new principal offices address, if applicable:	1800 Second St	reet	
(Principal office address MUST BE A STREET ADDRESS)	Suite 872		*
	Sarasota, FL 34236		<u></u>
			7:
Enter new mailing address, if applicable:	1800 Second Street		6.4
(Mailing address MAY BE A POST OFFICE BOX)	Suite 972		
	Sarasota, FL 34	236	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our re	ecords, <u>enter the name</u>	e of the new regi
New Registered Office Address:	Enter Flor	ida street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:	L		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete	ee to act in this o	capacity. I further agr my duties, and I am fo	ee to comply wi amiliar 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action	
			□ Add	
			□ Remove	
			☐ Change	
			□Add	
			□ Remove	
			☐ Change	
			□Remove	
<del>.</del>		<del></del>	□Add	
		□Remove		
			□Change	
			□Add	
		□Remove		
		□ Remove		
			Change	

Filing Fee: \$25.00