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## **COVER LETTER**

Division of Corp	porations			
SUBJECT: WEEK	Name of Limit	ading Post LL ed Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.		
Please return all correspon	ndence concerning this matter to	o the following:		
		Hee Nyrick Name of Person  hee Trading Po Firm/Company		
	8061	Conter BIND		
	Week, Wa	Chee, FL 340 City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code  City/State and Zip Code	707	
	Jand BEnter	or seww @ gma:	1. Com	S S
For further information c	oncerning this matter, please ca		,	
lanalee	Wycick	at (352) 398. 9	384	2020 JUN 24 PH E
Name o	f Person	Area Code Daytime	Telephone Number	— ; P
Enclosed is a check for the	he following amount:			<u>ာ</u> ဗာ
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filin Certificate ( Certified Co (additional co)	of Status &
Mailing Addres	ss: Section	Street Address: Registration Se	ction	

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

**Registration Section** 

TO:

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

Week: Wachee Trading Post LLC  (Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)
(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 3-38-3030 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)  B. If amending the registered agent and/or registered office address on our records, enter the name of the new register
Name of New Registered Agent:
New Registered Office Address:
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 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>	Name	Address	Type of Action
<u>Am BR</u>	Janalee Wyrick	6402 Holiday dr	<b>X</b> Add
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Effective date, if c	ther than the date sted, the date must be sp serted in this block do e date on the Departn	pecific and cannot be poses not meet the ap	plicable statutory	or more than 90 day	(optional) ys after filing.) ts, this date v	Pursuant to	
ivote. If the date in				om on the analise	ac (b) The	90th day a	fter the
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