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COVER LETTER

TO:

	ation Sec n of Corp			
	iddell Serv	vices, LLC	į ,	
SUBJECT:		Name of Lim	ited Liability Company	<u> </u>
The enclosed Ar	ticles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Donald Waddell		
			Name of Person	
			Firm/Company	
	Waddell Services, LLC T: Name of Limited Gability Company sed Articles of Amendment and feets) are submitted for filling, um all correspondence concerning this matter to the following: Donald Waddell			
			Address	
		Fort Myers, FL 33967		
			City/State and Zip Code	
		- · · ·		
For further infor	mation col		,	ification)
Donald Waddell			_	
	Name of	Person		ne Telephone Number
Enclosed is a che	eck for the	following amount:		
■ \$25.00 Filin	g Fee		Certified Copy	Certificate of Status & Certified Copy
	Address	='	Street Address:	
-	ration Se	ection rporations	Registration Se Division of Con	
	on of Co Box 6327	•	The Centre of T	·
Tallah	assee, Fl	1. 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waddell Services LLC 2021 DFC 10 PM 4-1

(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it new appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Comp.	pany were filed on 04/03/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Donald Eric Waddell IV PLLC	
The new name must be distinguishable and contain the words "Limited I	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	<u>s</u> ,
Enter new mailing address, if applicable:	17337 Castile Rd
Mailing address MAY BE A POST OFFICE BOX)	Fort Myers, FL 33967
agent and/or the new registered office address here:	fice address on our records, <u>enter the name of the new registe</u> r
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zıp 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 Changing Registered Agent, Signature of New Registered Agent

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
		□Add	
			□Remove
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ective date, if other than the effective date is listed, the date muse: If the date inserted in this blument's effective date on the De	t be specific and cannot be princed does not meet the appl	licable statutory filir		filing.) Pursuant to 605.020
union s effective date off the D	epartment of State's record	18.		
record specifies a delayed he 90th day after the rec		not an effective	time, at 12:01 a	i.m. on the earlier o
December 7th	2021			
ed	<u></u>	—· //		
[[]nanh	Man	<u>//. </u>		
11/11 47	Signature of a member or au	thorized representative	of a member	· · · · · · · · · · · · · · · · · · ·
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