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## **COVER LETTER**

TO: Registration Section

| Division of Cor  | porations                                    |  |   |   |  |          |     |
|--|--|--|---|---|--|----------|-----|
|  | WOOD ROAD, LLC                               |  |   |   |  |          |     |
| SUBJECT:   | Name of Lim                                  | ited 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:                            |   |   |  |          |     |
|  | Geoffrey Pette, Esq.                         |  |   |   |  |          |     |
|  |  | Name of Persor                               | 1   |   |  |          |     |
|  | Pette P.A.                                   |  |   |   |  |          |     |
|  |  | Firm/Company                                 | ,   |   |  |          |     |
|  | 1451 West Cypress Creek Rd., Suite 300       |  |   |   |  | 2020 SEP |     |
|  |  | Address                                      |   |   |  | SÉP      | 1   |
|  | Fort Lauderdale, Florida 33309               |  |   |   |  |          | 1   |
|  | City/State and Zip Code                      |  |   |   |  | PM 4: 29 | · · |
|  | Geoff@pettepa.com                            |  |   | •   |  | ₽:<br>2  | -   |
|  | E-mail address: (                            | to be used for future ar                     | inual report noti   | fication)                                   | Harri<br>A   | ڡٚ       |     |
| For further information c  | oncerning this matter, please c              | all:   |   |   |  |          |     |
| Geoffrey Pette, Esq.   |  | 954<br>at (                                  | 530-6647  |   |  |          |     |
| Name o   | f Person                                     | Area Code                                    | Daytim  | e Telephone Num                             | ber  | -        |     |
| Enclosed is a check for the  | he following amount:                         |  |   |   |  |          |     |
| ■ \$25.00 Filing Fee   | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Certified Cop (additional copy | рy  | Certifi                                     | Filing Fe<br>icate of St<br>ied Copy<br>onal copy is | atus &   | ı   |
| Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, S | Section<br>Corporations<br>27                | Reg<br>Div<br>The<br>241                     | et Address: gistration Se vision of Cor c Centre of 7 5 N. Monro lahassee, FL | porations<br>Fallahassee<br>e Street, Suite | e <b>8</b> 10  |          |     |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| (Name of the Limite  | d Liability Compa<br>A Florida Limited 1 | ny as it now appears on our recor<br>Liability Company) | <u>ds.</u> )                                 |
|--|--|---|--|
| The Articles of Organization for this Limited Linited Linited Linited Linited Linited document number L20000116479 | ability Company                          | were filed on April 29, 2020                            | and assigned                                 |
| This amendment is submitted to amend the follo   | wing:                                    |   |  |
| A. If amending name, enter the new name of   | the limited liab                         | ility company here:                                     |  |
| The new name must be distinguishable and contain the wo  | ords "Limited Liabi                      | lity Company," the designation "LL                      | C" or the abbreviation "L.L.C."              |
| Enter new principal offices address, if applica  | ıble:                                    | 4851 Kirkwood Road                                      |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | Lake Worth, Florida 33461                               |  |
| Enter new mailing address, if applicable:  |  | 4865 40th Way S.  | 2020 SEP                                     |
| Mailing address MAY BE A POST OFFICE BOX)  |  | Lake Worth, Florida 33461                               | 8 PH   |
| B. If amending the registered agent and/or regent and/or the new registered office addres                          |  | address on our records, <u>ente</u>                     | 0f5 F:                                       |
| Name of New Registered Agent:  | Pette P.A.                               |   |  |
| New Registered Office Address:   | 1451 West Cyp                            | ress Creek Rd., Suite 300                               | <u>.                                    </u> |
|  |  | Enter Florida street addre                              |  |
|  | Fort Lauderdale                          | . F   | lorida 33309                                 |
|  |  | City  | Zip Code                                     |

## New Registered Agent's Signature, if changing Registered Agent:

J851 KIRKWOOD ROAD, LLC

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    |
|--------------|-----------------|-----------------------------|-------------------|
| AMBR         | TAYLOR V. DODGE | 4865 40th Way S.            | <b>=</b> Add      |
|              |                 | Lake Worth, Florida 33461   | Remove            |
|              |                 |                             |                   |
| MBR          | STEPHANIE DODGE | 1207 Hammond Road           |                   |
|              |                 | Delray Beach, Florida 33483 | Remove            |
|              |                 |                             | Change            |
|              |                 |                             |                   |
|              |                 |                             | □Remove           |
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|              |                 |                             | Change            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ROW DAY E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed. Dated Sopt. 3 Signature of a member or authorized representative of a member Geoffrey A. Pette, Esq. Typed or printed name of signee