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2022 SEP 12 PHI2: 07

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WBJ Investment Group LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Susan Jones Name of Person	
WBJ Investment Group LLC Firm/Company	
20535 NW 2rd avenue #110	
Miami Gardens, Fl 33169 City/State and Zip Code	
I(A + A) = I(A + A) + I(A) + I(A + A) + I(A)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Susan Jones at (321), 3161625 Name of Person Area Code Daytime Telephone Number	- 1
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Solution	
Mailing Address: Registration Section Street Address: Registration Section	

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

(Name of the Limited Liability Company (A Florida Limited Liability Company	GOUP LLC y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w Florida document number 120000/33816.	rere filed on <u>5 18 2020</u>	and assigned
This amendment is submitted to amend the following:		\$0.00 10.00
A. If amending name, enter the new name of the limited liabili	ity company here:	SEP SEP
WBJ Consultant Group LLC		
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	y Company." the designation "LLC" or the a	bbreviation "L.L.G
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a	erformance of my duties, and I am ovided for in Chapter 605, F.S. Or,	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

). It am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	202
	2022 SEP
	7
	PH (3)
	
(If an et <u>Note:</u>	tive date, if other than the date of filing:
the reco	rd 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 fled.
Dated	September 6 2022.
	Signature of a member or authorized representative of a member
	Susan Jones Typed or printed name of signee

Filing Fee: \$25.00