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COVER LETTER

): Registration Sec Division of Corp			
BJECT: Well	ington Oustra Name of Limi	Lian Labradood	es, blc
ne enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
lease return all correspon	ndence concerning this matter	to the following:	
	Qprelle	Name of Person	
		Firm/Company	
	850 Quaye	Lake Circle apt	.1010
	Wellington	FL 33411 City/State and Zip Code	
	Welly doodle E-mail address: (1	to be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	all:	
Name of	Hawuns Person	at (54) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	9473 Telephone Number
Enclosed is a check for th	e 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

The Articles of Organization for this Limited Liability Company were filed on _______ To Land assigned 'lorida 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 "LLC." 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address .: . Florida

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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

IGR = Manager

-	_		0		
J	MBR =	Auth	orized	Mem	ber

<u>'itle</u>	<u>Name</u>	Address	Type of Action
16R	aprelle Hawkins	650 Quaye Lake Circle aption Wellington Fl 33411	XAdd
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effect <u>::</u> If	e date, if other than the date of filing: (optional) live 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 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.)201 1 as
ord s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t l.	the
d	argust 31st. 2020.	
	Chulle Hankin	
	Signature of a member or authorized representative of a member	