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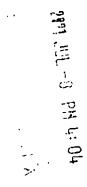
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COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJI	ECT: WILS	Name of Lim	ited Liability Company	
The en	closed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		<u> Wilson</u>	PODE Person	
		WILSON HA	Firm/Company	
		1174 LARGE	Address	
		DRIANDO	City/State and Zip Code	
		WIUSON HAU E-mail address: (1	N & ZO & CAPAIL C	CH ification)
For fur	ther information co	ncerning this matter, please ca	all:	
<u>\N</u> 1	Name of	Person	at (407) 501 Area Code Daytir	ne Telephone Number
Enclos	ed is a check for the	following amount:		
E \$2	5.00 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

(Name of the Limited Liability (A Florida I.	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number $\frac{ \varphi 23 20}{}$	mpany were filed on $\frac{1200017553}{2000}$ assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2713 MAYWOOD ST
(Principal office address MUST BE A STREET ADDRE	550 FUSTIS FL 32763
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2713 MANNIOOD STE EUSTIS TC 37763 !
B. If amending the registered agent and/or registered on a second agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent: VAU New Registered Office Address: Z 7	12 H TERVET 13 MAYWOOD ST
East	Enter Florida street address Florida 32726 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 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
MCR	WILSON PODRIGUEZ	1124 LARGO DR	□Add
		DELANDO FL 32839	DRemove
			□Change
MGD/AP.	YANISLEYDI RODRIGUEZ	2713 MAYWOOD ST	BAdd
		EUSTIS 71 32708:	□Remove
			☐ Change
			¹ □•Add
		<u> </u>	□Remove
			.: ← Change
			□Add
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to da e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	
cord specifies a delayed effective date, but not an effective time, a filed.	at 12:01 a.m. on the earlier of: (b) The 90th day after the
nd 06/07/2021	>
	the second secon
Signature of a member or authorized	representative of a member