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## **COVER LETTER**

Registration Section

TO:

Division of Cor	rporations		
IRON WC	LLC		
SUBJECT:		nited Liability Company	<u> </u>
		, , ,	
The englaced Amielia of	Annualment and for (a)	on the cal Control City	
	Amendment and fee(s) are sub	_	
Please return all correspo	ondence concerning this matter	to the following:	
	THURMAN KENNETH	MINCHEW III	
		Name of Person	
	MINCHEW.		
		Firm/Company	
	16 S LAKE DR		
		Address	
	Santa Rosa Beach, FL 324	59	
		City/State and Zip Code	
	trey@chewcon.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all:	
Thurman Kenneth Minc	hew III	404 936-2080	
Name o	f Person	at ()	ne Telephone Number
Enclosed is a check for the	he 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 Addres Registration S		Street Address:	voti o m
Division of C		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	•
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRON WC LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on October 5, 2020 \_\_ and assigned Florida document number 1.20000314595 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 "L.L.C." 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 of 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

## 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.

City

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	Kirk Kimler	72 Flatwood Street	
		Santa Rosa Beach, FL 32459	□Remove
			□ Change
AMBR	Keitha Walters	16 S Lake Drive	Add
		Santa Rosa Beach, F1, 32459	□Remove
AMDD	Ch. II. o. M. o. b. o.	21.10.11.10.10.10.10.10.10.10.10.10.10.10	
AMBR	Shelley Minchew	21 Blackwater Street	2020 F /
		Santa Rosa Beach, FL 32459	
			□Add
			□Remove
			□Change
	<del></del>	<del></del>	□Add
			□Remove
			□ Change
-		<del></del>	□Add
			Remove
			□ Change

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Filing Fee: \$25.00