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## **COVER LETTER**

TO: Registration Se Division of Cor		
SUBJECT: WA	NALVIN ON Name of Lim	Wagons LLC nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Cai	Hin Roberts Name of Person  Deving Wagons
	1028	3 Ashville HWY The S
	Creen	City/State and Zip Code
	E-mail address: (	in a the comper connection. com
For further information of	oncerning this matter, please c	all:
Cutting Name of	Ruberts of Person	at (SU) 919-16-16-16 Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:	
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration 3 Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee,	t L 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa	ny as if low appears of lability Company)	en our records.)	
The Articles of Organization for this Limited Liability Company Florida document number 4000 341976	were filed on 10	28 20 and assi	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab  M  A  The new name must be distinguishable and contain the words "Limited Liabil			C."
Enter new principal offices address, if applicable:	na		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	====
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	M A	,0	777
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our reco	ords, enter the name of the new	registered
Name of New Registered Agent: Name of New Registered Agent:	<del>\</del>		<u></u>
New Registered Office Address:	Entar Florida	street address	
	1586) 1 10/1444	. Florida	
<del></del>	City	, FIORIGA 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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