(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:  Spoketo mo unight on 4/25/220 4.55 permission to charge new hame to  K. wight enterprises LLC.  Minne 195-92508

Office Use Only



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April 20, 2022

KENISHIA WRIGHT 7125 WATER ROSE CT JACKSONVILLE, FL 32219

SUBJECT: THEWRIGHTINVESTMENTS LLC

Ref. Number: L21000068319

We have received your document for THEWRIGHTINVESTMENTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P95000092508.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 022A00009194

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: THE WRIGHT INVESTMENTS 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:	
Ke Weshia D. Wright	
THEWRIGHTINVESTMENTS 1LC.	
7125 Water Rose Ct. Address	
Jacksonville FL. 32219 City/State and Zip Code	
the Wright Way 1176 out look. com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Ke Neshia Wright at (904) 233-8858  Name of Person Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status  (additional copy is enclosed) Certified Copy  (additional copy is enc	

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

# FILED

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 APR 25 PM 5: 36

SECRETARY OF STATE TALLAHASSEE, FL

THE WRIGHTINVESTMENTS LLC.	
(Name of the Limited Liability Company as it now appears on our records.)	

The Articles of Organization for this Limited Liability Company were filed on 02/09/2021 and assigned Florida document number <u>4.11000068319</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WRIGHT ENTERPRISES LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5737 Barnhill Drive Clacksonville FL. 32207 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Jacksonville, FL. 32203 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: 5737 BARNHILL DRIVE.

Enter Florida street address

Jacksonville Florida 32219

City Zip Code New Registered Office 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.

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>	Name	Address	Type of Action
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