L21000068560

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
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COVER LETTER

TO: Registration of Division of	on Section f Corporations		
SUBJECT:	Wilson Commerce Name of Limite	C.al Cleaning LL ed Liability Company	<u> </u>
The enclosed Article	es of Amendment and fee(s) are subm	nitted for filing.	
Please return all cor	respondence concerning this matter to	the following:	
	<u>\</u>	Name of Person	JR
		Commercial Cle	
	1779 NV	V Settlement 1 Address	2d 37 3
	Madisor	FL 3 Z 3 Y0 City/State and Zip Code	
	E-mail address: (to	be used for future annual report notific	t. com_ation)
For further informat	ion concerning this matter, please call	l :	
	11,7 nme of Person	at (<u>850)</u> 328-8 Area Code Daytime T	GG 2 5
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ee 🗀 \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division of P.O. Box	on Section of Corporations	Street Address: Registration Section Division of Corporate Centre of Tall 2415 N. Monroe Stallahassee, FL 3	orations Iahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

• Wilson Commercial (Name of the Limited Liability (A Florida)	Company as it now appears on our records.) Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co. Florida document number <u>\$\infty\$ \lambda\$ 21000068560</u>	mpany were filed on $\frac{2/09/2021}{2021}$ and 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	ed 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 ADDRE	(SS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
New Registered Agent's Signature if shanging Desistand	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
<u>A MBR</u>			□Add
			□Remove
_			K\Change
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	on the Department	or state s records.				
ecord specifies a del is filed.	ayed effective date, but	t not an effective tim	ie, at 12:01 a.m. on	the earlier of: (b) The 90th day	after th
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