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COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

SUBJECT: <u>WO</u>	2 Wall E	Der Vi ClS LLC ited Liability Company	• • • • • • • • • • • • • • • • • • • •
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspond	dence concerning this matter	to the following:	
	Tamar	A Villamil Name of Person	····
	wayz	Wall Service S	
	2232 HE	olly Daks Rive	S. Or
	Jay	F1 32226	
	E-mail address: (City/State and Zip Code SA3 Q YOLO to be used for future annual report notified.	COM_
For further information co	ncerning this matter, please ca	all:	1307
Tamara Name of	Villamil Person	at (904) 90 Daytime	3-1433 Telephone Number
Enclosed is a check for the	following amount:		FH
□ \$25.00 Filing Fee	S30.00 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 So Division of Co	ection	<u>Street Address:</u> Registration Sec Division of Con	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

wall 2 wall services uc	
(Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company)	<u>(15.</u>)
The Articles of Organization for this Limited Liability Company were filed on $3(22)$ Florida document number $L21000132944$	2021 and assigned
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)	
	<u> </u>
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 agent and/or the new registered office address here:	the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida street addres	150
, F)	orida <u>ে</u>
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 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	Walter L. Wall SR	2227 Glen Gardner or	□ Add
		Jacksonville, Fl 3221	16 Remove
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effective date is	s listed, the date mu- inserted in this b	e date of filing: st be specific and cam lock does not meet department of State	not be prior to da the applicable	te of filing or mor statutory filing	e than 90 days aft	tional) er filing.) Pursuant to 605. nis date will not be liste
ord specifies filed.	a delayed effectiv	ve date, but not an e	effective time,	at 12:01 a.m. or	the earlier of:	(b) The 90th day after
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				d representative of		