## L21000154100

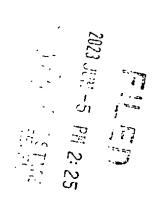
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Special Instructions to Filing Officer.				





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Y. SCOTT

## **COVER LETTER**

TO:

	egistration Sec ivision of Cor <sub>l</sub>		•		
er biecz		y Entertainment, LLC			
SUBJECT	:	Name of Limited Liability Company			
The enclos	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Daniel J Wicker			
			Name of Person		
		Wicker Way Entertainmen	t, LLC		
			Firm/Company		
		9978 Christina Ln W		2023 JUN CEOLETA	
			Address		
		Jacksonville, FL 32257		, ou	
		Dan@Wickerwaydrive.com	City/State and Zip Code	PH 2: 2	
		E-mail address: (	to be used for future annual report notification)		
For further	information co	oncerning this matter, please ca	all:		
Daniel J W	Vicker		904 719-4272 at ( )		
	Name of	f Person	Area Code Daytime Telepho	ne Number	
Enclosed i	s a check for th	ne following amount:			
■ \$25.00 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)	
R D P	<b>Jailing Addres</b> Legistration S Division of C 2.O. Box 632 Tallahassec, F	Section orporations 7	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	see	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wicker Way Entertainment, LUC	
( <u>Name of the Limited Llability Company as it nov</u> (A Florida Limited Liability Cor	v appears on our records.) npany)
The Articles of Organization for this Limited Liability Company were tiled	d on 4-2-2021 and assigned
Florida document number L21000154100	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	pany here:
Wicker Way Drive, LLC	
The new name must be distinguishable and contain the words "Limited Liability Compan	y," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	- 2
(Principal office address MUST BE A STREET ADDRESS)	0223
Timesput byfice address most be A STREET ADDRESS	
<del></del>	1 120
	OT :
Enter new mailing address, if applicable:	in(n 2
(Mailing address MAY BE A POST OFFICE BOX)	- 125 Z
	, <u>n</u>
B. If amending the registered agent and/or registered office address or agent and/or the new registered office address here:	n our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
£	inter Florida street address
<del></del>	, Florida
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, <u>enter the title, name, and address of each person\_being addedor removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□ Change
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