L21 000 245 455

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Carrier and Carrier)
(Document Number)
Certified Copies Certificates of Status
Consideration to Filing Officer
Special Instructions to Filing Officer:

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COVER LETTER

A STATE OF THE STATE OF

P.O. Box 6327

Tallahassee, FL 32314

Registration Section

TO:

Division of Co	rporations		
SUBJECT:	WOBBLER	LLC	
SOBJECT,		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.	
	^		
	<u> (iraem</u>	e Brown Name of Person	
		bble LLC Firm/Company	······································
	1105	POST ROAD	
		Address	
	SARASOTA,	FL 34231	
		City/State and Zip Code	
	E-mad address: (me Cwobbler.io to be used for future annual report notif	ication)
For further information e	oncerning this matter, please co	all:	
Graene	Rown	289 (20)	757R
Name o	f Person	$\frac{1}{\text{Area Code}} \text{ at } (\frac{251}{\text{Area Code}}) = \frac{600}{\text{Daytime}}$: Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	□ \$30.00 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 Addres Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>d Liability Company as it now appears on o</u> A Florida Limited Liability Company)	<u>ur records.)</u>
	1/26/2021 and assigned
wing:	
the limited liability company here:	
rds "Limited Liability Company," the designate	tion "L.I.C" or the abbreviation "L.I.C."
ble:	
ADDRESS)	
	<u> </u>
<u>ox</u>	3#
	s, enter the name of the new regist
	
Fater Florida str	ort address
Construction of the Constr	2 marry \$170
	, Florida
	d Liability Company as it now appears on of A Florida Limited Liability Company) ability Company were filed on

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 récords:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher DiPierro	502 Washington St.	🗆 Add
		Windester, MA 01890	Remove
			□Change
MGR	Laura Brown	3011 Post Rd.	X Add
		Sarasota, FL 34231	□Remove
			□ Change
			□Add
			□Remove
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ctive date, if other than the date of effective date is listed, the date must be spe	of filing:	(optional)	Pursuant to 605 020
e: If the date inserted in this block do ument's effective date on the Departm	es not meet the applicable statute	ory filing requirements, this date	will not be listed a
arrent 5 effective date of the 15 epartit	tent of mare is records.		
cord specifies a delayed effective date,	but not an effective time, at 12:6	OI a.m. on the earlier of: (b) The	e 90th day after th
· filed.	, j		
ed July 4th	2024		

Grace Brown
Typed or printed name of signee