# L21000275004

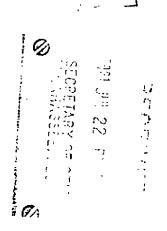
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.

Office Use Only



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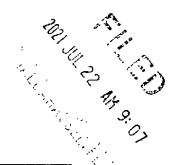
## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: MOST [	Name of Limited Liability Com	pany
The enclosed Articles of Amendment and	ee(s) are submitted for filing.	
Please return all correspondence concernir	g this matter to the following:	
Jl	anie Jan	itOJ erson
Mt.	taxes and	MOVE INC.
975	W. atlac	Mic blud
Por	npano Bea City/State and Z	Ch FL 33009
jan	mail address: (to be used for futur	e annual report notification)
For turther information concerning this ma	tter, please call:	
Jant Jant	at Area C	Ode Daytime Telephone Number
Enclosed is a check for the following amount	int:	
\$25.00 Filing Fee S30.00 Filing Fee Certificate	of Status Certified (	

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Zip Code

most impressive	UC
(Name of the Lithted Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 121000 275004.	were filed on <u>UUUU</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  The new name must be distinguishable and contain the words "Limited Liabi	WONET LLC
Enter new principal offices address, if applicable:	4530 S. Orange Blossom
(Principal office address MUST BE A STREET ADDRESS)	Trail Dylando Fl, 32839
Enter new mailing address, if applicable:	4530 S. Orange Blossom
(Mailing address MAY BE A POST OFFICE BOX)	Trail # 710 Orlando FL 32839
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	For Florida and Ad
	Enter Florida street address
	, Florida

### 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
		<del>.</del>	□Change
			□Add
		<del></del>	ПRеточе
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ffective da	te, if other than the date of filing: (optional) late is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605
ote: It the	date inserted in this block does not meet the applicable statutory filling requirements, this date will not be lists effective date on the Department of State's records.
record speci l is filed.	ifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
ated	7   12   2021.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00