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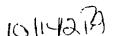
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## **COVER LETTER**

CHD 1C7	Wexes Gro	up LLC			
SUBJEC	-1: <u>-</u>	Name of Lin	nited Liability Company		
The enclo	osed Articles of	Amendment and fee(s) are sub-	omitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		Juliya Moody			
			Name of Person		
		Bookkeeping & Accounting	ng of Fl		
Division of Corporations  Wexes Group LLC  Name of Limited Liability Company  The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Juliya Moody					
		9905 Old St Augustine Rd	Suite 501		
Address					
	Jacksonville , Florida 32257				
		E-mail address: (	to be used for future annual	report notification)	
For furthe	er information e	oncerning this matter, please c	uit:		
Juliya Mo	oody		* *	3-1041	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Name o	f Person		Daytime Telephone Number	-
Enclosed	is a check for th	ne following amount:			
		□ \$30.00 Filing Fee &	Certified Copy	Certificate of St closed) Certified Copy	tatus &
Registration Section Division of Corporations			_	ation Section	
	P.O. Box 632			n of Corporations ntre of Tallahassee	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wexis Group LLC	_	
( <u>Name of the Limited Liabilit</u> (A Florida	v Company as it now appears on our records.) Limited Liability Company)	
(11) 10/12	Estimed Statemy Configuration	
The Articles of Organization for this Limited Liability Co	ompany were filed on 07/01/2021	and assigned
Florida document number 1.21000304353	•	-
Florida document trambér	<del>_</del> ,	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
Wexiz Group LLC		
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
C-ton many principal offices address if applicables		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	<u>ESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maning address MAT DE ATOST OFFICE BOA		
	<u></u>	<del></del>
		641
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	ame of the new registered
agent and/or the new registered office address here.		
Name of New Registered Agent:		<del></del>
New Registered Office Address:		, r )
	Enter Florida street address	7
	Elowida	· •
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered	•	•
	<u>.</u>	I
I hereby accept the appointment as registered agent of	and agree to act in this capacity. I further	agree to comply with the
provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag		
accept the obligations of my position as registered ag being filed to merely reflect a change in the registere		
oeing jueu io merciy rejiect a change in ine registere.	и сурсе айагегг, т петспу ступт тап те	amar ir agamay

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
			□Add
			□Remove
			□ Change
			□Add
			□Remove
		<del></del>	□Change
	P		□ Add
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			□Add
			□Remove
			□ Change

		-
4.		
effectiv	date, if other than the date of filing:	it to 605.02
<u>e:</u> If tl	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not s effective date on the Department of State's records.	be listed
G.11.C111	selective date on the paperment of state spectrus.	
cord sp	becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th date	av after th
filed.		,
	7. / /	
ed	10/1/2 202/	
	1/1-1-1/1-8	
	Signature of a member or authorized representative of a member	
	organization of a minimizer of a minimizer	