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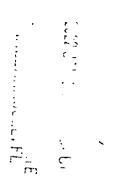
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A. BUTLER FEB - 4 2022

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	Wallson Name of Limi	PPR 11 C	
The enclosed Articles of Ar	nendment and fee(s) are sub-	nitted for filing.	
Please return all correspond	ence concerning this matter (to the following:	
	esi	IC A. Harrison	
		Firm/Company	<u>x</u>
	17909 1	Mells Roac	4
		SONVILLE, FL City/State and Zip Code	
	E-mail address: (t	o be used for future annual report no	tification)
For further information con-	cerning this matter, please ca	di:	
Verne Ha	YYISON erson	at (<u>380)</u> 540 Area Code Dayti	er Celephone Number
Enclosed is a check for the	following amount:		
□ \$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 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)
3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
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 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 (1800)	Legie Harrison	17909 Wells Road Jecksonville FL. 3223	®Add´
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			Петюve
			□Change
			□Add
			□Remove
			Change
			□ Remove
			□Change

ii aiiiti	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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(If an effect Note: If	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 the date inserted in this block does not neet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
e record s rd is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated	1/24/2022
	- Collinson
	Signature of a member or authorized representative of a member