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COVER LETTER

WENDY COURT PROPERTIES LLC SUBJECT: 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:		
Suzanne D. Meehle		
Name of Person		
Meehle & Jay P.A.		
Firm/Company		
1215 E. Concord St.	202: Sili(
Address	. m	
Orlando, FL 32803	B 21	, - !-
City/State and Zip Code	- A	· ·
E-mail address: (to be used for future annual report notification)	2023 FEB 21 AH 10: OU	فريد
For further information concerning this matter, please call:	• • •	
Suzanne D. Meehle 407 792-0790 at ()		
Name of Person Area Code Daytime Telephone Number	_	
Enclosed is a check for the following amount:		
■ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &	

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

WENDY COURT PROPERTIES LLC (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 7/16/2021 _ and assigned Florida document number L21000324272 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: 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.

City

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	MITCHELLI, JOHN		
			□Remove
			Change
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ective	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 605.02
<u>te:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
sumen	it's effective date on the Department of State's records.
ocord s	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
is filed	i.
ted	2/13/2023

Filing Fee: \$25.00