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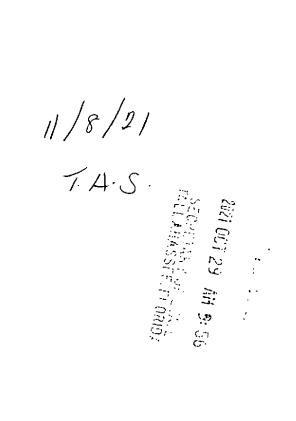
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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Corporations				
SUBJECT:	¿ WeV I	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omittad for filing		
		_		
Please return all correspo	ondence concerning this matter	to the following:		
		Name of Person		
	W	6V, LLC		
	<u> 333 Bras</u>	dleaf Lane		
		City/State and Zip Code  Sehunt 301@ gn to be used for future annual report for	39929	
			mail.com inication)	
For further information c	oncerning this matter, please ca	all:		
Denie Name o	se Hunt	at ( <u>104</u> ) <u>361-l</u> Area Code Daytin	e 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 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WGV,	LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Corollary Corollary document number <u>L 21000 419593</u>	•	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited Liability Company." the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***************************************	
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2021 OCT 29
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida st	reet address
	Cuv	Florida Zip Code
	( ii)	z.ip Coav

## 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
Mgc.	Erin M. Nunt	8573 Glenbury Ct. N.	DVdd
		8573 Glenbury Ct. N. Jackson ville, FL 30056	⊡Remove
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<b>nal)</b> ling.) Pursuar date will not	nt to 605.020 t be listed as
The 90th d	lay after the