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A. BUTLER
DEC - 1 2021

COVER LETTER

TO:

Registration Section Division of Corporations

OUDICO	od Guys LLC		
Sobstituti.		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Samantha Sirles		
		Name of Person	
	Wicked Good Guys LLC		
		Firm/Company	
	4117 Pony Express Ln		
		Address	
	Jacksonville, FL 32223		Daytime Telephone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) dress: tion Section of Corporations atre of Tallahassee Monroe Street, Suite 810
		City/State and Zip Code	
	WickedGoodGuysLLC@gr		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Samantha Sirles		904 449-1540 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section Corporations 17	The Centre of T	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1-27

Wicked Good Guys LLC

(Name of the Limited Liability Company as it now appears on our records.): 5 FH 3: 20

(A Florida Limited Liability Company)

The Anistra of Commission for this Limited Linkline Comm		(ST 32
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L21000441370		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
N/A		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	<u>. </u>
(Principal office address MUST BE A STREET ADDRESS	2	
Fatan non mailing address if applicable.	N/A	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our records, <u>e</u>	nter the name of the new registere
Name of New Registered Agent: N/A		
New Registered Office Address:		
	Enter Florida street d	ddress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my dutie as provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Samantha Sirles	4117 Pony Express Ln	
		Jacksonville, FL 32223	□Remove
			≡ Change
AMBR	Brandon Peterson	156 Deer Ridge Dr	□Add
		Ponte Vedra, FL 32081	□Remove
		_	□Add
			□Remove
			□ Change
			□Add
			□Remove
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			□Change
			□Add
			□Remove
			□Change

ffective date, if other than the date of filing:							··		.
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