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22 APR -1 PH 12: 11

T. MATTHEWS APR 15 2022

COVER LETTER

Registration Section

Division of Corporations

TO:

	ı	*	i
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	nitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	WISLORD GERMINOR		
		Name of Person	
	W & J LLC		
		Firm/Company	
	3466 NW 47 TH AVE		
		Address	<u> </u>
	COCONUT CREEK, FL 3	3063	
		City/State and Zip Code	
	WGERMINOR12@YAHO		
	E-mail address: (to be used for future annual report notificati	on)
For further information	concerning this matter, please ca	ill:	
WISLORD GERMING	OR	754 366-2609 / 754-2	· · · · · · · · · · · · · · · · · · ·
Name	of Person	Area Code Daytime Tel	lephone Number
Enclosed is a check for	the following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Section Division of Corpor The Centre of Talka 2415 N. Monroe St	ations nhassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO

ARTICLES OF ORGANIZATIONS OF SECRETARY OF STATE OF SECRETARY OF ST

W & J LLC

22 APR -1 PH 12: 11

(<u>Name of the Limited Liah</u> (A Flor	bility Company as it now appears on our record rida Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability Florida document number L21000523745		and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
he new name must be distinguishable and contain the words "L	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 AD	DRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registe gent and/or the new registered office address here		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	2.
		•

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 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>	Name	Address	Type of Action
AMBR	JOHANNE CADET	3466 NW 47TH AVE COCONUT CREEK. FL33065	3 = Add
			□Remove
			□Change
			⊐Add
			□Remove
		□Change	
		□Add	
		□Remove	
			□Change
		□Add	
		□Remove	
			□Change
		□Add	
		□Remove	
		□Change	
		□Add	
		□Remove	
			□ Change

ifame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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If an ef Note:	tive date, if other than the date of filing:
e reco ord is f	rd 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 iled.
Dated	03/08/2022
	Signature of a member or authorized representative of a member
	WISLORD GERMINOR
	Typed or printed name of signee