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COVER LETTER

Registration Section

TO:

Division of Cor	porations		
WAYMAK	ER PROPERTY SOLUTIONS	LLC	
SUBJECT:			
_	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		_	
riease return all correspo	ndence concerning this matter	to the following:	
	Joseph R Murphy		
		Name of Person	 -
		Firm/Company	
	304 E Pine St Suite 225		
	Lakeland, FL 33801	Address	
	rentals.waymaker@gmail.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
loseph R Murphy	3	863 660-2088	
		at ()	
Name o	f Person	Area Code Daytin	ne 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 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	rporations Fallahassee be Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Waymaker Property Solutions 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 _____ and assigned Florida document number ______L22000029337 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 "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) 57 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
MGR	Jonathon B Ax	304 E Pine St Suite 225.	
<u>.</u>			≣ Add
		Lakeland, FL 33801	
			□Remove
			☐Change
MGR	Kristen A Murphy	304 E Pine St Suite 225,	Change
			□Add
		Lakeland, FL 33801	
			Remove
			Change
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an effective date is listed, the date must bote: If the date inserted in this bloc	e specific and	d cannot be p				190 days afte	r filing.) Pu		
ocument's effective date on the Dep				Statutory	iming requ	irements, th	is date wii	i not oc i	isicu as
record specifies a delayed effective of is filed.	late, but not	t an effecti	ve time,	at 12:01 a	.m. on the	earlier of: (b) The 90	Oth day a	fter the
November 1		2023							
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