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A. BUTLER MAR 15 2022

## **COVER LETTER**

TO: Registration S Division of Co			
WAMAZO	ON, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	MARK L FORNARIS		
		Name of Person	•
	MARK L FORNARIS PA		
		Firm/Company	
	3508 114TH AVENUE SU	HTE 201	
		Address	
	DORAL, FL. 33178		
	mini@fomarislaw.com	City/State and Zip Code	<del></del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
MARK L FORNARIS		305 463-9446	
		at () Area Code Daytime	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the 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 Addre		Street Address:	
Registration		Registration Sec	
Division of C P.O. Box 633		Division of Corp The Centre of Te	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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is it now appears on c ility Company)	THE AHASSEE, FL	
re filed on	and assigned	
y company here:		
Company," the designa	ation "LLC" or the abbreviation "L.L.C."	
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Enter Florida street address		
	, Florida	
City	ZID LOOP	
	re filed on	

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. Thereby 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:

or remov	ed from our records:		
	Manager  Authorized Member		
Title	Name	Address	Type of Action

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the De	xik does not meet ind	e applicable stat	filling or more than utory filling requir	(optional) 90 days after filing.j ements, this date	Pursuant to 605,020 will not be listed a
record specifies a delayed effective is filed.	date, but not an effe	ective time, at 1	2:01 a.m. on the e	arlier of: (b) The	e 90th day after the
February 25th	2022	4	4.		
		•	,		
Y	Signature of a member				