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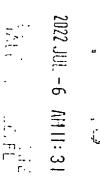
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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Office Use Only



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Charles -

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: \(\frac{1}{2}\)	sleys Rena	Jostfons LLC ited Liability Company	
The enclosed Articles of z	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Wesley	Borrell Name of Person	
	Westeys	Renarations Firm/Company	110
	8917 No	Model Lat	-K
	Jacksonvill	'e FI 32210	
	Westeys E-mail address: (1	City/State and Zip Code Report Figure 2 to be used for future annual report noti	-Corgnaci. con
For further information ec	oncerning this matter, please ca		
Wesley Name of	Burrell	at (<u>904)</u> 625 Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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 Address		Street Address:	
Registration S		Registration Sec	
Division of Co	ver a ratione	Division of Cor	poratione

Division of Corporations P.O. Box 6327

TO:

Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2022

WESLEY BURRELL 8917 NOROAD LOT. 48 JACKSONVILLE, FL 32210 US

SUBJECT: WESLEY'S RENOVATIONS LLC

Ref. Number: L22000066778

We have received your document for WESLEY'S RENOVATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears you are attempting to file articles of amendment to the entity assigned to document number L22000066778. However, the wrong form(s) were submitted. Please complete the attached forms and return them to our office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Jalesa S Dennis Regulatory Specialist III

Letter Number: 622A00014004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Wester R.	uavati	ons LHC	2022 JUL -6 AM 11: 31
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on ou ability Company)	r records.)
The Articles of Organization for this Limited Liab		vere filed on O	and assigned
Florida document numbe <u>r L220000</u>	5170		
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of th	<u>ne limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the word	ds "Limited Liabilit	y Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:		
(Principal office address MUST BE A STREET A	<u>ADDRESS)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>		
B. If amending the registered agent and/or registered office address h		ldress on our records	s, enter the name of the new registered
agent and/or the new registered office address i	iicre.		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida stre	et address
_			, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Reg	<u>sistered Agent:</u>		
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this change	and complete pered agent as pr gistered office a	erformance of my di ovided for in Chapte	ties, and I am familiar with and or 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 added or removed from our records:

O

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	WesleyBurrell	8917 Norverd 10+4 Ja	¥
	,		□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□Add
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				····
				
Effective date, if other than the office of the date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to dat ck does not meet the applicable s			
he record specifies a delayed effective ord is filed.	date, but not an effective time, a	at 12:01 a.m. on the ear	rlier of: (b) The 9	90th day after the
Dated 7-6-205	2			
·····	ignature of a member or authorized	d representative of a mem	ber	 _

Filing Fee: \$25.00