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FILE

COVER LETTER

Tallahassee. FL 32314

TO:	Registration Se Division of Cor			
	C WRESTLIN	G REALTY LLC		
⇒SUBJI	ЕСТ:			
		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
	c	ANDREW ROBERTS		
			Name of Person	
	c	> WRESTLING REALTY L	LC	
			Firm/Company	
	c	229 CARPENTER AVE		
			Address	
	c	OSTEEN, FL 32764		
		A CHI PRINCIPALIST COMAIN	City/State and Zip Code	
	C			
		E-mail address: (to be used for future annual report not	ufication)
		oncerning this matter, please c		
AND	REW ROBERTS		9 407 547-7595	
	Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclos	sed is a check for th	ne following amount:		
c ≡ \$2	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	<u>s:</u>	Street Address:	
	Registration S	Section	Registration Se	
	Division of C		Division of Co	•
	P.O. Box 632	$\cdot I$	The Centre of	i arranassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WRESTLING REALTY LLC

company has been notified in writing of this change.

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our re Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on	23. 2022 and assigned
This amendment is submitted to amend the following:		2022 APR 25
A. If amending name, enter the new name of the limited lial	bility company here:	#PR = 1
ANDREW ROBERTS LLC		
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable:	oility Company," the designation	"LLC" or the abbreviationL.C. S.
(Principal office address MUST BE A STREET ADDRESS)		
(Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		nter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>!:</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete	• •	

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

If Changing Registered Agent, Signature of New Registered Agent

It 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
			□Add
			□Remove
			□Change
			□Remove
	•		Change
			
			Remove
			□Change
			□Remove
			□ Change
			□Add
			□Remove
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Effective date, if other than th	e date of filings	(optional)
(If an effective date is listed, the date m	ust be specific and cannot be prior to date of filing or	more than 90 days after filing.) Pursuant to 605
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory fil Department of State's records.	ing requirements, this date will not be list
	·	
ne record specifies a delayed effect ord is filed.	ive date, but not an effective time, at 12:01 a.m.	n, on the earlier of: (b) The 90th day after
APRIL 71'H	2022	
Dated		

Typed or printed name of signee