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COVER LETTER

Division of Corporations Wimbrow Realty, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Diane M. Wimbrow Name of Person Diane Wimbrow, LLC Firm/Company 11395 Twelve Oaks Way Address North Palm Beach, FL 33408 City/State and Zip Code dianewimbrow@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Diane Wimbrow Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$60.00 Filing Fee, ☐ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wimbrow Realty, LLC		
(Name of the Limited Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on May 2, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
Diane Wimbrow, LLC		
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or	the abbreviation "L.L.C."
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)		
		23 25 27 27
B. If amending the registered agent and/or registered office	e address on our records, <u>enter the</u>	
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	(전 왕
	rmer r tortaa street aaaress	
		la
	City	Zip Code

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 amending Aumorized 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
·			□Add
			□ Remove
			☐ Change
			DbA□
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ffective date, if other the an effective date is listed, the dote: If the date inserted in occument's effective date or	late must be specific at this block does not	nd cannot be prior to meet the applical	date of filing or more the	(optional) an 90 days after filing.) Pursu uirements, this date will no	ant to 605.0207 of be listed as
record specifies a delayed Lis filed.	effective date, but no	ot an effective tim	e, at 12:01 a.m. on th	e earlier of: (b) The 90th	day after the
February 8 ated		2023			
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	Signature of	a member or author	ized representative of a	nember	

Typed or printed name of signee