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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Woul	RENDERS	LLC	
SOBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	I	GNACIO DOTTO Name of Person	
		Name of Person	
	WOW REN	Firm/Company	
		Типисотрану	⇔ 2
	7839 SW	6th ST	023 FEB 27
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	Boyuton B	City/State and Zip Code	435 Final 3: 42
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	10 fo O Woulde	to be used for future annual report noti	fication)
For further information co	ncerning this matter, please c		\$ 1
Tours's	70	at (703) 912 17	7 .7
DENACIO DOTI	Person		e Telephone Number
Enclosed is a check for the	e following amount:		
☐ \$25.00 Filting Pee	\$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 Registration Solution of Colors P.O. Box 6327 Tallahassee, F	ection orporations	Street Address: Registration Second Division of Core The Centre of Tallahassee, FL	porations allahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOW REMOERS LLC			
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on (Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Co	ompany were filed on M74	04,2012	and assigned
Florida document number <u>L 22 000 211 972</u>	<u>_</u> ·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company here:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designa	ation "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	(ESS)		
		<i>9</i>	2023 F1
		N	3 Fí
Enter new mailing address, if applicable:			2 83 2 1
(Mailing address MAY BE A POST OFFICE BOX)		:	
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B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our recor	ds, enter the name o	f the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ective date, if other than the date of filing:		(optional)	
effective date is listed, the date must be specific and cannot be prior to te: If the date inserted in this block does not meet the applicab		0 days after filing.) Pur	
rument's effective date on the Department of State's records.	no statutory ming roquire	memo, and date with	not be fibred a
cord specifies a delayed effective date, but not an effective time s filed.	e, at 12:01 a.m. on the ea	rlier of: (b) The 90	th day after the
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ed 01/24/2023			
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Signature of a member or arthor	ized representative of a mem	ioci	