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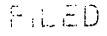


COVER LETTER

TO:	Registration Se Division of Con					
SUBJE	com:	WPM REPAIR AND MAINTENACE LLC				
SUBJE	LI:	Name of Lin	nited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		William P Meredith III				
			Name of Person			
			Firm/Company			
		6870 Jeanette Ln				
		Address				
		Polk City, Fl 33868				
		41601	City/State and Zip Code			
		wpm416@hotmail.com E-mail address: (to be used for future annual report no	tification)		
For furth	er information c	oncerning this matter, please c	•	,		
William	P Meredith III		863 348-1523			
	Name o	f Person	Area Code Dayti	me Telephone Number		
Enclosed	l is a check for th	ne following amount:				
■ \$2 5.	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 Registration S		Street Address: Registration S	ection		
Division of Corporations		Division of Co	orporations			
	P.O. Box 632 Tallahassee, F		The Centre of 2415 N. Monro	Tallahassee oe Street, Suite 810		

Tallahassee, FL 32303

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



WPM REPAIR AND MAINTENACE LLC

2022 JUN -9 AHII: 12

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on or Ciability Company)	FALLAPASS, E. F. C. 192	
The Articles of Organization for this Limited Liability Company Florida document number L22000239329 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
W3 REPAIR AND MAINTENANCE LLC			
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designat	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	n/a		
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	n/a		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	iddress on our records	, enter the name of the new registered	
Name of New Registered Agent:			
New Registered Office Address:			
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my du provided for in Chapte	ties, and I am familiar with and r 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			Change

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E. Effect	ive date, if other than the date of filing: (optional)
(If an efi <u>Note:</u>	ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
If the recor record is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	June 10th, 2022
	Signature of a member or authorized representative of a member
	William meredith

Typed or printed name of signee