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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: WMHT3LLC 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:					
WILSON M. Hamvick Jr Name of Person					
WMHT3LLC Firm/Company					
16010 Allamanda St					
Apopka, Fr. 32712					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
WISON HUMYICK JY at (334) 341 1909 Name of Person Area Code Daytime Telephone Number					
Enclosed is a check for the following amount:					
□ \$25.00 Filing Fee Certificate of Status □ \$30.00 Filing Fee Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)					

Mailing Address:
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

WMH	Liability Company as it now appears on our records.)
(A)	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	vility Company were filed on UNE 3, 2022 and assigned
Florida document number <u>L220002</u>	55871
This amendment is submitted to amend the follow	ring:
A. If amending name, <u>enter the new name of th</u>	he limited liability company here:
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:
(Principal office address MUST BE A STREET)	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>
	
B. If amending the registered agent and/or reg agent and/or the new registered office address i	istered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	Melanie E Hayward
New Registered Office Address:	1406 Allamanda St Enter Florida street address
	Apopka, Florida 32712 Zip Code
Now Degistered Agent's Signature if shanging Dec	rictored Agent:

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
M6R	Wilson M. Hamrick	- 1606 Allamanda St	_ ZAdd
	J	L 1606 Allamanda St Apopka, FL 32712	□Remove
		1 , , , ,	□Change < ∤-
AMBR	Melanie G Hayu	ard 1406 Allamando	LICAGE
		ard 1406 Allamando Apopka, FZ 32712	🗆 Remove
			□Add
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E. Effective of	date, if other than the date of filing:	(option	al)
Note: If th	e date is listed, the date must be specific and cannot be ne date inserted in this block does not meet the a s effective date on the Department of State's rec	applicable statutory filing requirements, this d	
If the record sperecord is filed.	ecifies a delayed effective date, but not an effect	tive time, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated	August 17, 2	022	
	WARK		
4	Signature of a member of	or authorized representative of a member	
	Ç	•	

Typed or printed name of signee