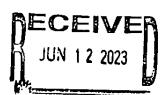
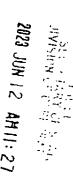


Office Use Only







COVER LETTER

TO: Registration Division of C			
Wipawar	nee Choetchoojun, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	Kanan Jaylene Bowser		
		Name of Person	
	 	Firm/Company	
	2155 Hagood Loop		
	Crestview, FL 32536	Address	
	kanan.bzz12@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	fication)
For further information	n concerning this matter, please ca	all:	
Kanan Bowser		850 938-3310	
Nam	e of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check fo	r the following amount:		
□ \$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 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

Wipawanee Choetchoojun, LLC			
(Name of the Lim	ited Liability Con (A Florida Limit	n <mark>pany as it now appears on our rec</mark> ed Liability Company)	ords.)
The Articles of Organization for this Limited I lorida document number		any were filed on	and assigned
his amendment is submitted to amend the fol	llowing:		70 600 A 670
. If amending name, enter the new name	of the limited <u>l</u> i	ability company here:	AH 11: 2
anan Jaylene Bowser, LLC			27
e new name must be distinguishable and contain the	words "Limited Li	ability Company," the designation "I	LC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	icable:	N/A	···
<u>rincipal office address MUST BE A STRE</u>	ET ADDRESS)		
nter new mailing address, if applicable:		N/A	
<u> Iailing address MAY BE A POST OFFICE</u>	E BOX)		···
. If amending the registered agent and/or gent and/or the new registered office addr	L'	ce address on our records, <u>en</u>	ter the name of the new regist
Name of New Registered Agent:	Kanan Jayle	ne Bowser	
New Registered Office Address:	N/A		
New Registered Office Address:	Enter Florida street address		Iress
	N/A		N/A 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>	<u>Name</u>	Address	Type of Action
MGR	Matthew Wayne Bowser	2155 Hagood Loop Crestview, FL 32536	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
			□Remove
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			□Add
			□Remove
			□ Change

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