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2024 SEP = 3 PM 2: 14 SECHETARY OF STATE

T E E

COVER LETTER

Division of Cor	•			
SUBJECT: Amending	Name of W.D.M. Lifestyle Pro			
Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	-		
	Dennis Quolke			
		Name of Person		
	W.D.M. Lifestyle Properti	es, LLC		
		Firm/Company		
	897 Belmont Place			
		Address		
	Rockledge, Florida 32955			
		City/State and Zip Code		
	dennisquolke.realtor@gmai			
	E-mail address: (to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Dennis Quolke		407 346-9148		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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:

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

W.D.M. Lifestyle Properties, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our reco liability Company)	ords.)
The Articles of Organization for this Limited Liability Company	were filed on 6/16/2022	and assigned
Florida document number 1.22000275311		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
W.D.M. Development, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2024 3.E.C 17.
Principal office address MUST BE A STREET ADDRESS)		24 S
		E ST
		Section 1
Enter new mailing address, if applicable:		SEE F
Mailing address MAY BE A POST OFFICE BOX)		- F 2
		F
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	nddress on our records, <u>ent</u>	er the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
		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
			□Add
			□Remove
			□Change
			
			□Remove
			Change
			□Add
			□Remove
			□Add
			□Remove
			Change
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

Effective date, if other than the date of filing:		
(If an effective 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 (C. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The record 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 ord is filed. Dated Signature of a member or authorized representative of a member		
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COVER LETTER

Division of Co	rporations			
Amending SUBJECT:	Name of W.D.M. Lifestyle Pro	perties, LLC		
30 33 001.	Name of Limited Liability Company			
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Dennis Quolke			
		Name of Person		
	W.D.M. Lifestyle Properties, LLC			
		Firm/Company		
	897 Belmont Place			
Address				
	Rockledge, Florida 32955			
	dennisquolke.realtor@gmai	City/State and Zip Code		
		to be used for future annual report notifies	ation)	
For further information	concerning this matter, please ca	all:		
Dennis Quolke		407 346-9148 at ()		
Name	of Person		elephone Number	
Enclosed is a check for	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 Addre		Street Address: Registration Secti		

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

Registration Section

TO:

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

Tallahassee, FL 32303