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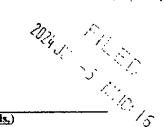
COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT:	res () nline S Name of Lim	Selling LLC ited Liability Gompany	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	Mayena	Name of Person	
	·	Firm/Company	
	355	Niagara Aven	ue
	Ovani	City/State and Zip Code	a 32763
-	WhiteSwilne E-mail address: (1	SCINMAIL (A GMA) to be used for future annual report notifi	cation)
For further information conc	erning this matter, please ca	all:	
MWHPNZIE Name of Pe		at (11)1 75b Area Code Daytime	-3983 Telephone Number
Enclosed is a check for the f	ollowing 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**



Whites Only Name of the Limited Li	ability Company as it now appears on or orda Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liabili	ty Company were filed on	$\sqrt{7,2022}$ and assigned
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	Wood LLC	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A) Enter new maiting address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stre	et address
_	City	, Florida
	City	rigi Cirae

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

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
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_	
	
(If an effec	tive date, if other than the date of filing:
he record : ord is filed	
Dated	May 31 , 2024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(Name of the Limited Liability	Y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L220003043</u> b	ompany were filed on JUV 7.20	22 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit \(\sum_{\text{O}} \subseteq \si	NOOd LLC ited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the n	ame of 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 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
			□Add
			□Remove
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
 -			
			□Remove

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effec Note: If	tive date, if other than the date of filing: (optional) tive 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 fithe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
ne record : ord is filed	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 d.
Dated	May 3) , 2024.
	MVF
	Signature of a member or authorized representative of a member