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COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations		
	Wilcox Str	ong LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Cedrick Wilcox IV		
			Name of Person	
		Name of Person Wilcox Strong LLC Firm/Company 4162 SW Muncie St Address Port Saint Lucie, FL 34953 City/State and Zip Code Cedrickw21@icloud.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: IV at (
			Firm/Company	
		4162 SW Muncie St	Name of Person CC Firm/Company S St Address FL 34953 City/State and Zip Code ud.com address: (to be used for future annual report notification) please call: at (
			Address	
•	٠	Port Saint Lucie, FL 349	953	,
			•	
For further i	nformation o		·	notification)
		oncerning this matter, picase c	an.	
Cedrick Wi	ilcox IV		, ,	25
-	Name o	f Person		ytime Telephone Number
Enclosed is	a check for th	ne following amount:		
• \$25.00 t	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	iling Addres			
Di	vision of C	Corporations	Division of	Corporations
	D. Box 632			
1 2	llahassee, l	L つてつ 1.4	2410 N. MO	nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wilcox Strong LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 7/29/22	and assigned
Florida document number L22000335183		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" o	
Enter new principal offices address, if applicable:		7:
Principal office address MUST BE A STREET ADDRESS)		A S Z
Enter new mailing address, if applicable:		TO BE IN
Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		時気 る ア
B. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flori	ida 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
AMBR (r] Cedrick Wilcox IV	4162 SW Muncie St] Add
		Port Saint Lucie, FL 34953	□ Remove
			. Zi Change
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Signature of a member or authorized representative of a member		August 17th		2022	·			
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	Dated		<u> </u>	edrick wit	Cox N	tiva of a march		

Filing Fee: \$25.00