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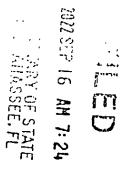
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COVER LETTER

TO;	Registration Sec Division of Corp			* »	٠.		•
	WG777888,	LLC					
SUBJ.	ЕСТ:	Name of Lin	ited Liability Company				
The er	nclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.				
Please	return all correspon	ndence concerning this matter	to the following:				
		WOODY MCLANE					
			Name of Person				
						75-27 1222 12-3	
			Firm/Company		· ·	F-3	
		4815 NW 50 ST			\$ 15 m	STP 16	1112 2-41
			Address			2	
		TAMARAC, FL 33319			STA E. FL	AH 7:24	C
		WOODYMCLANE@YAE	City/State and Zip Code		— <u>—</u> —	1	
			to be used for future annual report not	ification)			
For fu	rther information co	oncerning this matter, please c	all:				
woo	DY MCLANE		954 806-6211				
	Name of	Person	Area Code Daytin	ie Telephone Nu	mber	_	
Enclos	sed is a check for th	e following amount:					
≡ S2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Cert Cert	00 Filing I lificate of lified Copy tional copy	Status a	
(Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 1 2415 N. Monro Tallahassee, FI	rporations Fallahassee be Street, Sui	ite 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WG777888, LLC				
(Name of the Limited Liability Compa (A Florida Limited	inv as it now appears on our records.) Liability Company)			_
The Articles of Organization for this Limited Liability Company	were filed on AUGUST 7, 2022		and a	assigned
Torida document number <u>L.22000 (348581</u> .				
his amendment is submitted to amend the following:				
a. If amending name, enter the new name of the limited liab	ility company here:			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or	the abbr	revi áti on	"L.L.C."
Enter new principal offices address, if applicable:		.) 	22 S.T	. ₹
Principal office address MUST BE A STREET ADDRESS)		23		- To7man
		534	ς,	i erranta
		550	7	[******
Enter new mailing address, if applicable:		S FA	7:	
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	-\$-	
running address State BE ATTOST OFFICE BOX				
			<i>-</i>	
 If amending the registered agent and/or registered office: gent and/or the new registered office address here: 	address on our records, <u>enter th</u>	<u>name</u>	of the r	iew regi
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	Flori	da		
	City		Zip Coc	le

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
MGR	YONGQIN GU	1515 SE 17 ST, SUITE A-111, FORT LAUDER	DALE <u>■</u> Add
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cument's effective date on the Depar			-	<i>.</i>				
cord specifies a delayed effective da s filed.	te, but not an effecti	ve time,	at 12:01 a.	m. on the e	arlier of: (b) The 9	0th day	after the
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Filing Fee: \$25.00