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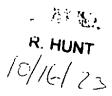
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COVER LETTER

TO;	Registration Section Division of Corporations	ф.	; · · · · · · · · · · · · · · · · · · ·	1
SUBJI		WM CCC TLimited Liability Company		
The en	closed Articles of Amendment and fee(s) are	e submitted for filing.		
Please	return all correspondence concerning this ma	atter to the following:		
	<u>e</u> r	Name of Person	<u> </u>	
		Firm Company		
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For fur	ther information concerning this matter, plea	ase call:		0
	Name of Person	2 at 286 624 Area Code Daytime	62862 e Telephone Number	
Enclos	ed is a check for the following amount:			
X S2	5.00 Filing Fee Solution State S30.00 Filing Fee & Certificate of State		☐ \$60.00 Filing Fee, Certificate of Stat Certified Copy (additional copy is en	tus &
	Mailing Address: Registration Section	<u>Street Address:</u> Registration Sec	tion	
	Division of Corporations	Division of Cor		

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

The Articles of Organization for this Limited Liability Company were filed on <u>D8</u> Florida document number (12000)38303 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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

Title	Name	<u>Address</u>	Type of Action
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