L22000418107						
(Requestor's Name) (Address) (Address)	800399361508					
(City/State/Zip/Phone #)     PICK-UP     (Business Entity Name)     (Document Number)     Certified Copies   Certificates of Status     Special Instructions to Filing Officer:     Special Instructions to Filing Officer:        Office Use Only	01/08/2301081006 **** 3/15/23 VUN- FILED					

TO: Registration Section Division of Corporations

Wieckel Properties Name of Limited Liability Company SUBJECT: \_

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Wayne Hayward Name of Person Wrecked Properties Firm/Company 5211 Silver Dak br. Fort Pierce, FL 34982 City/State and Zip Code

Wrechel properties C Yahoo. Com E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Wayne Hayward  $\frac{1}{\text{Area Code}} = \frac{717 - 9220}{\text{Daytime Telephone Number}}$ 

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

¥\$30.00 Filing Fee & Certificate of Status

S55.00 Filing Fee & Certified Copy (additional copy is enclosed) S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> 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

Welcked Prope ability Company as it now appears on our records.) orida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>Septembe</u> 26, 332 and assigned Florida document number <u>LJ2000418107</u>.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

## Wrecked Properties, LLC

The new name must be distinguishable and contain the words "Limited Liability Compan	y." the designation "LLC" or the abbrevia	$\sim$	1C."
Enter new principal offices address, if applicable:	<u>&gt;0</u>	023 J	
(Principal office address MUST BE A STREET ADDRESS)	- m <u>&gt; = '</u>	AN	
		မ်	<b>!</b>
		ЫЧ	<u> </u>
Enter new mailing address, if applicable:	o ت احت	Ν	$\cup$
(Mailing address MAY BE A POST OFFICE BOX)	۳۲. ۲۹	36	
<u> </u>	· -		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

<ul> <li>Name of New Registered Agent:</li> </ul>	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida street ad	ldress
	Cin	. Florida
	CHY	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
MGR	Wayne Hayward	Shill Silver Ogk Dr	🗆 Add
		Sall Silver Ogk Dr Fort Pierce, FL 3498.	<b>2_</b> ⊡Remove
			<b>W</b> change
MGR	Romy Hayward	5211 Silver Ock br.	□ Add
		Fort Pierce, FC 34982	🗆 Remove
			🖉 Shange
			⊡∧dd
		<u></u>	🗆 Remove
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			□Remove
		<u></u>	□Change
			□∧dd
			🗆 Remove
			□Change

• . . .

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (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 (3)(b) 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.

If 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 record is filed.

Dated December 28 2022. Mar Hand Signature of a member or authorized representative of a member UGYNE HGYWG. D Typed or printed name of signee