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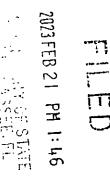
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4/19/23 V.W.



COVER LETTER

TO:

Registration Section Division of Corporations

WenGriffi I	LLC .			
30b)rc1.	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Wendy Griffith			
	***	Name of Person	 	
	WenGriffi LLC			
		Name of Person		
	19073 Lake Pickett Rd			
Name of Person WenGriffi LLC				
	Orlando FL 32820			
		City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information e	oncerning this matter, please c	all:		
Wendy Griffith				
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			ection	
•		<u> </u>		
Tallahassee, 1	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)		
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{1.23000031608}{1.000000000000000000000000000000000000$	vere filed on 1/17/2023 and assign	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
JaWenGriffi LLC			
he new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the abbreviation "L.L.C	· · ·	
Enter new principal offices address, if applicable:	2023 FI	- · · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STREET ADDRESS)	EB 2	, ,	
		ا	
Inter new mailing address, if applicable:	90 Ps 70 -		
Mailing address MAY BE A POST OFFICE BOX)	146 H		
3. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new r</u>	egis(
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	Clasida		
	, Florida City Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

Was Ceitti LLC

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
			□Remove
			□Change
			□Add
			□Remove
			⊡Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			⊡Add
			□Remove
			□Change
			□Remove
			□Change

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	-			
	2/16/2023			
Effective date, if other than the (If an effective date is listed, the date ima Note: If the date inserted in this bl document's effective date on the O	st be specific and cannot be pric ock does not meet the appli	cable statutory filing requ	(optional) 190 days after fifing.) Pursuant to irements, this date will not be	605.0207 listed as
ne record specifies a delayed effective ord is filed.	re date, but not an effective	time, at 12:01 a.m. on the	earlier of: (b) The 90th day	after the
Dotad February 16	2023			
Dated	1 0 2	· ·		
	1 1/1/1/2//			
,	Signature of a member or auti			

Filing Fee: \$25.00