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(Red	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phoni	e #)
PICK-UP	WAIT	MAIL
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(Do	cument Number)	
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Y. SCOTT JUL 2 2 2023

COVER LETTER

TO: Registration Se Division of Cor					
WFHME L	rc				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	LAURA TOBIA-KITTOW	,			
		Name of Person			
	WFHME LLC				
		Firm/Company			
	7901 4TH ST N STE 300				
		Address		2023	
	ST PETERSBURG, FL. U	S 33702	<u></u>	2023 KAY 30	
		City/State and Zip Code	· 	30	i
	lauratk@wfhme.us		<u></u>	70	, 5
For further information c	E-mail address: () concerning this matter, please ca	to be used for future annual report not	ification)	1 2: 42	-
LAURA TOBIA-KITTO	ow	+44 7931372795	;;;;	Ν.	
Name o	f Person	at () Area Code Daytim	ne Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filir Certificate Certified C tadditional co	of Statu lopy	
Mailing Addres		Street Address:			
Registration : Division of C		Registration Se Division of Cor			
P.O. Box 632		The Centre of T	-		

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WFHME LLC				
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) I Liability Company)			
The Articles of Organization for this Limited Liability Companies Florida document number $\frac{1.23000047413}{1.23000047413}$	y were filed on JANUARY 25, 2023 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	bility company here:			
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	202			
(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 agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, enter the name of the new register			
New Registered Office Address:				
The state of the s	Enter Florida street address			
	Florida			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agen				
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my duties, and I am familiar with and sprovided for in Chapter 605, F.S. Or, if this document is			
[f Ch	anging 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
MGR	LAURA TOBIA-KITTOW	8 VICARAGE ROAD, TONYPANDY	= Add
		CF40 1HN, UNITED KINGDOM	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Z123 ii Remove
			PH 2: DAM
			□Remove
			□Change
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ective date, if other than the effective date is listed, the date meg: If the date inserted in this burnent's effective date on the f	ist be specific and cannot be block does not meet the	applicable statute			.) Pursua	
ecord specifies a delayed effecti s filed.	ve date, but not an effec	ctive time, at 12:0	l a.m. on the ear	lier of: (b) Th	ne 90th	day after
ed <u>MAY 19</u>	. 2023	·				
	J. Tolsic - Signature of a member of	Kuffow				

Filing Fee: \$25.00