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COVER LETTER

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WEERTS 1234 LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: PAMELA MCKINNEY		Registration Se Division of Cor						
The enclosed Articles of Amendment and fee(s) are submitted for filting. Please return all correspondence concerning this matter to the following: PAMELA MCKINNEY		WEERTS I	1234 LLC					
Please return all correspondence concerning this matter to the following: PAMELA MCKINNEY	SUBJEC	T:	Name of Lin	ited Liability Company				
PAMELA MCKINNEY Name of Person	The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Name of Person LIBERTY TAX SERVICE Firm/Company 3433 E GULF TO LAKE HWY Address INVERNESS. FL 34453 City/State and Zip Code PAMMCKINNEYUS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person Area Code Daytime Telephone Number Senctosed is a check for the following amount: Certificate of Status Certificate Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations	Please ret	urn all correspo	ondence concerning this matter	to the following:				
EIBERTY TAX SERVICE Firm/Company 3433 E GULF TO LAKE HWY Address INVERNESS. FL 34453 City/State and Zip Code PAMMCKINNEYUS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person at () S44-1498 Area Code Daytime Telephone Number S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Division of Corporations Street Address: Registration Section Division of Corporations Division of Corporations Cathering			PAMELA MCKINNEY					
Address INVERNESS. Fl. 34453 City/State and Zip Code PAMMCKINNEYUS@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: PAMELA MCKINNEY Name of Person Name of Person Area Code S352 Area Code Daytime Telephone Number Enclosed is a check for the following amount: S255.00 Filing Fee Certificate of Status Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations Street Address: Registration Section Division of Corporations				Name of Person				
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P.O. Box 6327 The Centre of Tallahassee	Division of Corporations			Division of Co.	Division of Corporations			
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810								

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEERTS 1234 LLC		
(Name of the Limited Liability C (A Florida Lin	Company as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 02/14/2023	and assigned
Florida document number L23000080502		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l 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 ADDRES	<u> </u>	2023 Sec
		AUG PAUG
Enter new mailing address, if applicable:		SS =
(Mailing address MAY BE A POST OFFICE BOX)		75 - 17
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B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	
	City	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 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>	<u>Address</u>	Type of Action
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Signature of a the interior mithorized representative of a member			11/1	Mulo	7			
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Filing Fee: \$25.00