Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone
Fax Number : (813)436-5200

**Enter the email address for this business entity to be used fac futu annual report mailings. Enter only one email address please

್ಹೌಕ್ಕೆ ELC AMND/RESTATE/CORRECT OR M/MG RESIGN WILKS EQUESTRIAN ARENA SOLUTIONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2/9/2024 10:28:06 PST .

To: 18506176383

Page 2/4

From: Registered Agents Inc.

Fex: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILKS EQUESTRIAN ARENA SOLUTIONS LLC	·
(Nume of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company w	were filed on 03/24/23 and assigned
Florida document number L23000149394	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
WJ Fence LLC	
The new name must be distinguishable and contain the words "Limited Liability	y 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)	
	36. 24
	를 명 그
B. If amending the registered agent and/or registered office ac	
agent and/or the new registered office address here:	P H
	PHIZ:
Name of New Registered Agent:	22
New Registered Office Address:	<u>त</u>
	Enter Florida street address
	Florida
	Car Zin 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. Thereby confirm that the limited liability company has been notified in writing of this change.

3/0/0534	45.55.50	DOT	
2/3/2024	10:28:06	P31	

• To: 18506176383

Page: 3/4

From: Registered Agents Inc.

Fax: 8134365206

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			Change
			□Remove
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			□Remove
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			□Remove
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