L23000187086

(Requestor's Name)
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A. PARISHANI SEP 3 0 2023

COVER LETTER

TO: Registration Sec Division of Corp		1	•
SUBJECT: WILC	Real EState Name of Lim	Constant UC ited Liability Company	2023 SEP
	mendment and fee(s) are subdence concerning this matter	_	
	Michael Sh	OCKEY Name of Person	Ann:09
	MLS Real Esta	te 3 Renovation W.(Firm/Company	<u> </u>
	527. N H St.	Address	
	MISHOWE SOU	City/State and Zip Code i CE P gmail. Com to be used for full re annual report noti	
For further information co	E-mail address: (fication)
Michael Snoo	Mer Person	at (<u>561</u>) <u>596 -</u> Area Code Daytim	1438 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	★ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	

Mailing Address:
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

023 SEP 19 👫

The Articles of Organization for this Limited Liability Company were filed on April 17 1023 and assigned Florida document number L23000187086.

This amendment is submitted to amend the following:

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

he new name must be distinguishable and contain the we	ords "Limited Liabi	lity Company," the	designation "LL0	or the abbreviation	on "L.L.C."	
Enter new principal offices address, if applica	ıble:	527 N	· H S7	LAKE	worth_	
rincipal office address MUST BE A STREET ADDRESS)		FL 33460				
					<u> </u>	
Enter new mailing address, if applicable:		527	W. H 8	H. LAKE	worth	
Mailing address MAY BE A POST OFFICE I	ROX)		3460	<u> </u>		
<u> </u>	<u> </u>	3.40	<u>v 10.0</u>		 	
					 	
3. If amending the registered agent and/or re		address on our	records, <u>ente</u> i	r the name of th	e new registere	
agent and/or the new registered office addres	<u>s here</u> :					
Name of New Registered Agent:	Stac	4 M.	WALL	ACE		
New Registered Office Address:	527	y H Ct	LAKELI	neth Pl		
		Enter Flo	rida street addre	.58		
	LAKE 110	reth	, F	lorida <u>33</u> 4	160	
		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>	Address	Type of Action
MGR	Stacy Wallace	527 N. H St. LAKE WORTH FL33	460 ■ Add
	•		□Remove
			□Change
AMBR	Stacy usllace	527N. HSt. LAKE WORTH FL 33460	_ Add
	U		□Remove
			□Change
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			20 Carrove
		<u></u>	Change
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Change

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If the date inserte	r than the date of fil the date must be specific; d in this block does no te on the Department o	and cannot be it meet the a	prior to date of i pplicable statut		han 90 days aft		
ord specifies a delay filed.	red effective date, but r	not an effecti	ive time, at 12:	01 a.m. on th	ac earlier of: ((b) The 90th day	afte:
9/12/2 Septembr	3 M. Signature of	She	23				
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	mi Chael	a member or	authorized repre	esentative of a	member		