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(Re	equestor's Name)	
(Ac	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Div	ision of Cor	rporations		
SUBJECT.	WAE Clay			
SUBJECT: Name of Limited Liability Company				
The enclosed	l Articlas of	Amendment and fee(s) are sub	anisted for Clina	
Please return	all correspo	ondence concerning this matter	to the following:	
		Timothy W Williams		
			Name of Person	
		WAE Clayton, LLC		
			Firm/Company	
		3196 104th Street		
			Address	
		Wellborn, FL 32094		
			City/State and Zip Code	
		flpotato@prodigy.net		
			to be used for future annual report no	otification)
For further in	nformation c	oncerning this matter, please ca	all:	
Timothy W	Williams		386 590-9015 at ()	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAE Clayton, LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liabi	s it now appears on our records.) lity Company)
he Articles of Organization for this Limited Liability Company wer	re filed on 04/26/2023 and assigned
lorida document number 1.23000206349	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability	company here:
he new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	12
_	
	<u> </u>
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
_	
. If amending the registered agent and/or registered office add	ress on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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 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	Christine D Williams	3196 104th Street	■Add
		Wellborn, FL 32094	
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□Change
		 	□Add
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			□Change

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ffective date, if other than the an effective date is listed, the date mu ote: If the date inserted in this bocument's effective date on the D	lock does not meet the	applicable statuto	ing or more than 90 da ory filing requiremen	(optional) ys after filing.) Pursuant its, this date will not l	to 605.0207 be listed as
record specifies a delayed effectivis is filed.	e date, but not an effec	tive time, at 12:0	l a.m. on the earlier	of: (b) The 90th da	y after the
July 9	2024		/,		
	·	7.// ///			
<u></u>					
	Day (1)	V/////	M		

ET COLOR