## L23000275331

(Reques	tor's Name)
(Address	<b>;</b> )
(Address	;)
(City/Sta	te/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busines	ss Entity Name)
(Docume	ent Number)
Certified Copies	Certificates of Status
Special Instructions to Filing	g Officer:

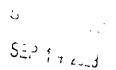




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## **COVER LETTER**

	Registration Se Division of Cor			
eubico		entals L.L.C.		
SUBJEC	.1:	Name of Lim	Name of Person  Firm/Company  Address  City/State and Zip Code  (to be used for future annual report notification)  call: at (	
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Jamie Wilson		
		<u> </u>	Name of Person	
			Firm/Company	
		2683 Ivydale drive		
			Address	
		Deltona, FL 32725		
			City/State and Zip Code	
		a7jwilsonllc@gmail.com		
For furth	er information c	E-mail address: ( oncerning this matter, please c	·	notification)
Jamie Wilson			01	
	Name o	f Person	Area Code Da	vtime Telephone Number
Enclosed	is a check for th	ne following amount:		
<b>≘</b> \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	Mailing Addres			
	Registration 5 Division of C			Section Corporations
	P.O. Box 632	7	The Centre of	of Tallahassee
	Tallahassee, l	FL 32314	2415 N. Mo	nroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wilson's Rentals L.L.C.		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appears on our records ed Liability Company)	<u>r)</u>
he Articles of Organization for this Limited Liability Compa	ny were filed on 06/07/2023	and assigned
orida document number L23000275331		
nis amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited li	ability company here:	
&J Wilson LLC		
he new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	·	202
THE COURT OF THE WALLESS WOST BE A STREET ADDRESS)	<del></del>	7.3
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		<del>.</del>
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	<del></del>	<u> </u>
		<u></u>
If amending the registered agent and/or registered office and/or the new registered office address here:  Name of New Registered Agent:	ce address on our records, <u>enter t</u>	the name of the new regis
• • •		
New Registered Office Address:	Enter Florida street address	·
	Emer Frantau street tuutress	
	, Flo	oridaZip Code
	Cuy	zip Coae

## 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
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n effective date is listed te: If the date insert							
cument's effective d							
ecord specifies a dela is filed.	ayed effective date.	, but not an effect	tive time, at 12	:01 a.m. on the	earlier of: (b)	The 90th day aft	er the
Tited.							
ted		2023					
ILAI			<u> </u>				
	/ •	/ , ]	/				
	Janie	Wil					
	Signat	ture of a member or	authorized repr	esentative of a me	ember		