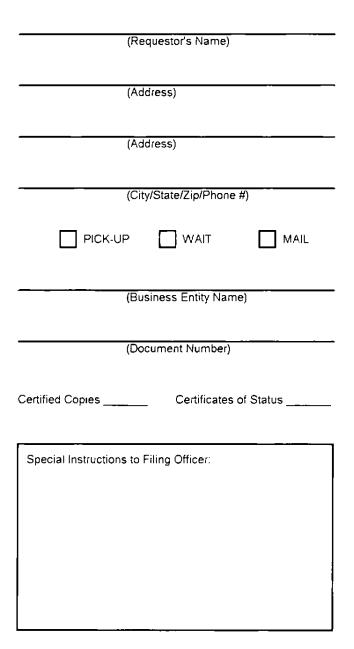
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COVER LETTER

TO: Registration S Division of Co						
WRS, LLC						
SUBJECT:	Name of Lin	nited Liability Company	·			
The analysis deviates of	S A mandening and Santal and such	in-d for file-				
	Amendment and fee(s) are sub	-				
Please return all correspondence	ondence concerning this matter	to the following:				
	Anju Ku mar					
	Name of Person					
	WRS, LLC					
		Firm/Company				
	8895 North Military Trail, Suite 201E					
		Address				
	Palm Beach Gardens, FL	33410				
		City/State and Zip Code				
	anju@creativechoice.net		<u> </u>			
		(to be used for future annual report no	otification)			
For further information of	concerning this matter, please o	all:				
Anju Kumar	561 222-9458 at ()					
Name o	of Person		ime Telephone Number			
Enclosed is a check for the	he following amount:					
■ \$25,00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Melling Address		Street & Advance				
Mailing Address: Registration Section			Street Address: Registration Section			
Division of Corporations		Division of Corporations				
P.O. Box 6327		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
Tailahassee, l	FL 32314	2410 IN. MODI	DE OUECL, OUIC BIU			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WRS, LLC	
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) puny)
he Articles of Organization for this Limited Liability Company were filed	on 06/21/2023 and assigned
orida document number L23000298093	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	iny here:
ne new name must be distinguishable and contain the words "Limited Liability Company,	Without Assistantian HTTCW as the albertain NTTCH
	the designation LLC. of the approvinger LLC.
nter new principal offices address, if applicable:	
rincipal office address MUST BE A STREET ADDRESS)	7023
	·.) ·
	Ö
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	 _
	
If amending the registered agent and/or registered office address on cent and/or the new registered office address here: Name of New Registered Agent:	our records, enter the name of the new regi
New Registered Office Address: Ente	er Florida street address
	. Florida
Cin	

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

Title	Name	Address No oth	Type of Action
MGR	Reginald Cooper	3100 Northt Ocean Drive, Riviera Beach FL 33404	\(\overline{\overline
		 	□Remove
			Change
			DAdd
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			DRemove
			Change
			DAdd
			□Remove
			_ Change
			□ Add
			□Remove

Change

If amending any of	her info rmation, ente r cl	hange(s) here: (Atta	ch a ddi tional shee ts, if i	necessary.)

	-			
	<u>-</u>			
				<u></u>
		10/19/2023		
If an effective date is liste <u>Note:</u> If the date inse		g:	f filing or more than 90 days	eptional) after filing.) Pursuant to 605.0207 (this date will not be listed as (
e record specifies a de rd is filed.	layed effective date, but not	an effective time, at 1	2:01 a.m. on the carlier o	f: (b) The 90th day after the
Dated <u>()</u> でやい	DE: 19Hb	2023.		
	Streature of a	member or authorized rep	resentative of a member	·
	Cho	ma Barok Typed or printed name		
	(3118	7: 4	· · · · · · · · · · · · · · · · · · ·	

Filing Fee: \$25.00

October 20, 2023

Division of Corporation 2661 Executive Center Circle West Tallahassee, FL 32301

Subject: Request for Amendment to WRS, LLC

To whom it may concern:

Please find enclosed check in the amount \$ 25.00 along with the form for the certificate of Amendment for WRS LLC. I would like to request your help and assistance in getting this amended per the signed document.

Should you have any questions please do not hesitate to call me.

Sincerely,

Anju Kumar 561-222-9458 anju@creativechoice.net