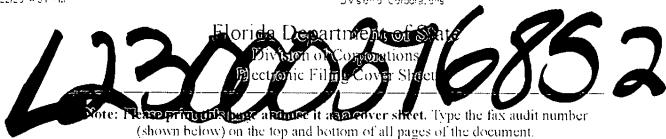
Tg: 18506176383 From: 19166105073 Date: 08/22/23 Time: 9:53 PM Page: 02/05

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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC Account Number : 120180000085 Phone : (916)576-7000 Fax Number : (800)603-5858

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

Email Address: ____RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WJ & SONS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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Electronic Filing Menu Corporate Filing Menu

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. To: 18506176383 From: 19166105073 Date: 08/22/23 Time: 9:53 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WJ & Sons ELC			
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our records.) arbitry Company)		
The Articles of Organization for this Limited Liability Company	were filed on <u>08/10/2023</u> ar	nd assigned	
Torida document number <u>L23000376852</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviati	ion "L.L.C."	
Enter new principal offices address, if applicable:	21 Ulaturn Trail Palm Coast, Florida, 32164		
Principal office address MUST BE A STREET ADDRESS)			
			
Enter new mailing address, if applicable:	21 Ulaturn Trail		
Mailing address MAY BE A POST OFFICE BOX)	Palm Coast, Florida, 32164	<u> </u>	
B. If amending the registered agent and/or registered office :	address on our records, enter the name of the	he new regi	
agent and/or the new registered office address here:		3 3 1	
	-	-	
Name of New Registered Agent:			
New Registered Office Address:		ਹ ਹ ੁੰ	
- -	Enter I fortid speed data (3)	ř	
		·	
	City: Zla	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.

. To: 18506176383 From: 19166105073 Date: 08/22/23 Time: 9:53 PM Page: 04/05

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>	Name	Address	Type of Action
			□Remove
			Change
			C'Add
			□Remove
			Change
			□Remove
			□Change
			<u>C</u> Add
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Effective date, if	other than the date of f	filing:		(optional) 96 days after filing.) Pursuant to 6	45.40.45.4
Note: If the date i	listed, the date must be specificated in this block does it ive date on the Department	not meet the applicable	tate of filing or more than e statutory filing requir	99 days after filing.) Pursuant to be ements, this date will not be f	isted as t
ne record specifies : ord is filed.	a delayed effective date, bu	not an effective time	e, at 12:01 a.m. on the e	arlier of: (b) The 90th day a	fter the
Dated Augu	ıst 2)	2023			
Liancu ""5"		/i/	-		
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• To: 18506176383 From: 19166105073 Date: 08/22/23 Time: 9:53 PM Page: 05/05