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SUBJI	ECT: Wat-	S Wood V Name of Lin	vONKS L.L. (, ,,
The en	closed Articles of Ame	ndment and fee(s) are sub	omitted for filing.	
Please	return all corresponden	ce concerning this matter	to the following:	
	_	David	Name of Person	
			Name of Person	
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	-	570 NW	39th ave	
	-	Deelfeild	Beach FL 3 City/State and Zip Code	3442
		E-mail address: (to be used for future annual report n	otification)
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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

ve date, if other than the date of filing: 06/10/2024 (optional) ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020' If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
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Signature of a member or authorized representative of a member
David was of signer