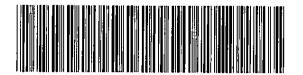
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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

Division of Corporations
SUBJECT: W.O.W Property Solutions UC Name of Umited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Name of Person
Name of Person  W. O. W Property Solutions LLC  Firm/Company
4270 Johns Come terry RD Address
Middle burg FU 32068  City/State and Zip Code  1/acians 04 Qgma! com  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (904) 612-3478  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{S30.00 Filing Fee & Certificate of Status} \Bigcup \text{S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)}  \$\Bigcup \text{\$\$\$\$ \$60.00 Filing Fee, \text{\$\$} \\ \text{\$\$\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)}

TO:

Registration Section

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Trability Chr	mpany as it now appears on our records.) ted Liability Company)	
(A Florida Limit	ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on 10 - 16 - 2023	and assigned
Florida document number <u>L 23600 474 680</u>		
riorida document númber		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited 1	iability company here:	
the following manies, the feet manie of the mineral		
The new name must be distinguishable and contain the words "Limited L.	iability Company." the designation "LLC" or the at	obreviation "L.L.C."
	, , ,	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		<del></del>
B. If amending the registered agent and/or registered offi	ce address on our records, enter the nam	ne of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		- 3 .1
New Registered Office Address:	Enter Florida street address	, , .
	inter i unita siveel dadress	agency T
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:	1 - 3

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	In Evans II	7643 Gale PKWY STE	☑Add
		104-9047 Jacksonille, FC	□Remove
		322 <i>56</i>	Change
			□Add
			□Remove
			□Change
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Hective an effecti	date, if other than the date of filing: (optional) ve 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 605.0	0207
<u>lote:</u> If t	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed 's effective date on the Department of State's records.	d as i
ocument	selective date on the Department of State a records.	
	co pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	als a
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ated	1λ-4-λ023  Signature of a member or authorized representative of a member	
	to the IL	
	Signature of a member or authorized representative of a member	
	ra Coans Typed or printed name of signee	
	ra l'uans 11	