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## **COVER LETTER**

TO:	Registration Se Division of Cor						
		gment LLC					
CHR 164	СТ:						
SOBJEN	C1.	Name of Lin	nited Liability Company				
The encl	losed Articles of	Amendment and fee(s) are sub-	omitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		Wendy Alvear Boude					
			Name of Person	<del></del>			
		W&J Managment LLC					
			Firm/Company				
		6361 N Falls Circle Dr Ap	u 305				
		· · · · · · · · · · · · · · · · · · ·	Address	<del></del>	<i>(</i> C)	2	
		Lauderhill Florida, 33319		-		024 H	ore:
		wenboude@gmail.com	City/State and Zip Code			2024 HAY 13 PM 3:55	
		E-mail address:	(to be used for future annual report notifi			PH	֓֞֞֜֜֜֜֝֟֜֜֝֟֜֜֜֟֜֜֟֜֜֟֜֟֜֟֜֟֜֟֜֟֜֟֜֟֜֟֜֟
For furth	ner information c	concerning this matter, please of	call:		で で で で	ယ္	•
Wendy A	Alvear Boude		929 598-3836		드	25	
	Name o	rf Person	at () Area Code Daytime	Telephone Number	<u>.</u>		
Enclosed	d is a check for the	he following amount:					
■ \$25.00 Filing Fee		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	cate of Status &			
			0				
Mailing Address: Registration Section			Street Address: Registration Section				
Division of Corporations			Division of Corporations				
P.O. Box 6327			The Centre of Ta				
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W&J Managment LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number \_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: W&J Management LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_. Florida \_\_ City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Jorge M Ruiz	6361 N Falls Circle Dr Apt 305 Lauderhill FL 33319	
			<b>=</b> Add
			□Remove
			□Change
			□Add
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			□ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. May 2 2024 Dated \_\_\_\_\_ Signature of a member or authorized representative of a member Wendy Alvear Boude Typed or printed name of signee