L24000294668

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Wild Viole	ts LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Richard T. Thatcher		
		Name of Person	
	Wild Violets LLC		
	•	Firm/Company	
	1460 N. Reading Pt		
		Address	
	Inverness, Fl. 34453		
		City/State and Zip Code	
	wildvioletslle@gmail.com		202 SF
For further information c	E-mail address: (concerning this matter, please c	to be used for future annual report notification) all: 352 464-0023	ηSEP 2
Richard Thatcher			(4) 手 で 薬
Name o	of Person	at () Area Code Daytime Telephone Number	2024 SEP 24 MILLS 99
Enclosed is a check for t	he following amount:		
富 \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed)	of Status & opy
Mailing Addres Registration		Street Address: Registration Section	
Division of C	Corporations	Division of Corporations	
P.O. Box 632	41	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wild Violets LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our record mited Liability Company)	<u>ds.</u>)
he Articles of Organization for this Limited Liability Comlorida document number L24000294668	npany were filed on July 01,2024	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	d liability company here:	
ne new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		三岩 名
Principal office address MUST BE A STREET ADDRES	<u></u>	P P 2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		11.
If amending the registered agent and/or registered of gent and/or the new registered office address here:	ffice address on our records, enter	the name of the new regi
gent and/or the new registered office address nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	ss
	, Fi	lorida
	City	Zip 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.

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	Richard T. Thatcher	1460 N. Reading Pt. Inverness, FL. 34453	\exists A dd
			□Remove
			Change
			□Add
			□Remove
			Change
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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing	(optional) g or more than 90 days after filing.) Pursuant to 605.0207
e: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	y filing requirements, this date will not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 filed.	a.m. on the earlier of: (b) The 90th day after the
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ed <u>Lept. 19</u> 2024	
Signature of a memoer or authorized represen	hr ho (