## L24000320980

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2024 SEP 25 PH 1: 58 SECRETARY OF STATE STALLAHASSEE, FL

## **COVER LETTER**

TO:	Registration Sec Division of Corp			
CUBIE	Wyrick Sol	utions LLC	•	
SUBJE		Name of Lim	ited Liability Company	
The encl	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Hallie Wyrick		
			Name of Person	
		Hallie Wyrick, LLC		
<u></u>			Firm/Company	<del></del>
		4903 W Dryad St		
			Address	
		Tampa FL 33629		
			City/State and Zip Code	
		halliewyrick@gmail.com		
		E-mail address: (	to be used for future annual report not	dification)
For furtl	her information co	oncerning this matter, please c	all:	
Hallie V	Wyrick		202 557-8898 at ( )	
	Name of	f Person		ne Telephone Number
Enclose	d is a check for th	e following amount:		
□ \$25	.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	orporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wyrick Solutions, LLC			1
(Name of the Limit	ed Liability Company (A Florida Limited Lia	y as it now appears on our reability Company)	ecords.)
The Articles of Organization for this Limited L. Florida document number 1.24000320980	iability Company w	vere filed on July 19, 202	and assigned
This amendment is submitted to amend the folk	owing:		
A. If amending name, enter the new name o	the limited liabil	ity company here:	
Hallie Wyrick, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and/or ragent and/or the new registered office addre	ss here:	ldress on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:	Hallie Wyrick		
New Registered Office Address:			
		Enter Florida street a	uldress
			 Florida
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete point is tered agent as property of the contraction of	performance of my dutie rovided for in Chapter (	es, and I am familiar with and 505, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

MGR = M AMBR = A	lanager Authorized Member		
<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Jared Wyrick	4903 W Dryad St	□Add
		Tampa FL 33629	≣Remove
		<del></del>	□Change
			□Add
			☐Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			(C) P

□Change

). If amending any other informa	tion, enter change(s) here: (Attach	additional sheets, if necessary.)	
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C. Effective date, if other than the (If an effective date is listed, the date mu:  Note: If the date inserted in this bl document's effective date on the D	ock does not meet the applicable statuto	(optional) ing or more than 90 days after filing.) Pursuant to 6 ry filing requirements, this date will not be I	605.0207 (3)( isted as the
f the record specifies a delayed effective ecord is filed.	re date, but not an effective time, at 12:0	l a.m. on the earlier of: (b) The 90th day at	fter the
Dated September 21	, 2024		
De	Signature of a member or authorized repres	untative of a member	
Hallis Western	signature of a member or authorized repres	chauve of a member	
Hallie Wyrick	Typed or printed name of s	ignee	