124000387118

| (Re | equestor's Name) | |
|-------------------------|--------------------|------------------|
| (Ad | idress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | = #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Cor | | · | | | |
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| WOULEL | LC | | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | | |
| | | | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | | |
| Please return all correspo | ondence concerning this matter | to the following: | | | |
| | Bobb Rousseau | | | | |
| | | Name of Person | <u> </u> | | |
| | WOULELLC | | | | |
| | | Firm/Company | | | |
| | 1317 Edgewater Drive Sui | te 4131 | | | |
| | | Address | | | |
| | ORLANDO, FL 32804 | | | | 202 |
| | bobjrusso@yahoo.com | City/State and Zip Coc | le | | 2024 SEP 30 AM 10: 00 |
| | • • | to be used for future annu | al report notification | າຄ) | 30 |
| For further information of | concerning this matter, please c | all: | | | NS 86 |
| BOBB ROUSSEAU | | | 98-2277 | | 河。 京 |
| Name o | if Person | at () _ Area Code | Daytime Tele | ephone Number | |
| Enclosed is a check for the | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fe Certified Copy (additional copy is a | | Certified (| e of Status & |
| Mailing Address Registration 5 | | | Address: tration Section | 1 | |
| Division of C P.O. Box 632 | • | Divis | ion of Corpora Centre of Talla | itions | |
| Tallahassee, 1 | | | entre of Talla N. Monroe Sti | | 0 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WOULELLC | | | |
|--|---|--|-------------------------------------|
| (Name of the Limit | ed Liability Comp (A Florida Limited | any as it now appears on our Liability Company) | records.) |
| The Articles of Organization for this Limited L Florida document number 124000387118 | ability Company | y were filed on <u>09/04/2024</u> | and assigned |
| This amendment is submitted to amend the follo | owing: | | |
| A. If amending name, enter the new name of | f the limited <u>lial</u> | bility company here: | |
| The new name must be distinguishable and contain the w | ords "Limited Liab | ility Company," the designatio | n "LLC" or the abbreviation L.L.C." |
| Enter new principal offices address, if applic | able: | | PH SEP |
| Principal office address MUST BE A STREE | T ADDRESS) | | <u> </u> |
| | | | SSE # 10:0 |
| Enter new mailing address, if applicable: | | | 75-0 |
| Mailing address MAY BE A POST OFFICE | BOX) | | ·· |
| | | <u> </u> | |
| B. If amending the registered agent and/or ragent and/or the new registered office address | | address on our records, | enter the name of the new registere |
| Name of New Registered Agent: | Gabrielle Gard | Iner | |
| New Registered Office Address: | 1317 Edgewate | er Dr Suite 4/3 Enter Florida street | address |
| | Orlando | | 32804 |

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.

City

If Changing Registered Agent, Signature of New Registered Agent

'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> | Name | Address | Type of Action |
|--------------|------|-------------|---|
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| record Lis file | 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 ed. |
| ated_ | 6 September 2024 2024 W |
| | /W WY / V |
| | Signature of a member or authorized representative of a member |

Filing Fee: \$25.00