L24000423091

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COVER LETTER

	O: Registration Section Division of Corporations				
CUBIEC		AGEMENT LLC			
SUBJEC	1:	Name of Limited Liability Company			
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.		
Please ret	urn all correspo	ndence concerning this matter	to the following:		
		GREGORY J WONDERC	EM		
			Name of Person		
		WJG MANAGEMENT LI	.C		
			Firm/Company		
		1901 RAA AVE			
			Address		
		TALLAHASSEE			
For furthe	er information co	GREG@FENCEGEM.COM E-mail address: (to be used for future annual report notif	ication)	
			850 363-0284		
GREGORY J WONDERGEM Name of Person		at ()	Telephone Number		
Enclosed	is a check for th	e following amount:			
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is example)	
]]]	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Sec Division of Corp The Centre of Tallahassee, FL	oorations PH 3 allahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim		. <u> </u>
	ited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.) y)
The Articles of Organization for this Limited I Florida document number L24000423091	Liability Company were filed on _	11/25/2024 and assigned
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability company	here:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	e designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	
	- ,	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:		r records, <u>enter the name of the new registe</u>
	1001 0 4 4 115	
New Registered Office Address:	1901 RAA AVE	40
New Registered Office Address:	Enter F	Florida street address Florida 32 103 7 7 7
New Registered Office Address: New Registered Agent's Signature, if changing	Enter F TALLAHASSEE City	Florida street address Florida 72 PC Code 75

.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
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			SHCRE FAIRS OF STATE
			SSEF STATE DAdd
			□Remove
			□Change

				
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ctive date, if other than the	date of filing:		(optior	nal)
ffective date is listed, the date must If the date inserted in this blo	be specific and cannot be pri-	or to date of filing or mo	re than 90 days after fi	ling.) Pursuant to 605.0
ment's effective date on the De			requirements, this c	
				西
ord specifies a delayed effective	date, but not an effective	time, at 12:01 a.m. o	n the earlier of: (b)	The 90th lay after
filed.				ASSET ASSET
NOVEMBER 25	2024			E ST
d	-/ ·	<u></u> .		AMID: 13
	1/			•
	Signature of a member or aut	thorized representative	of a member	