196000000521

Office Use Only



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COVER LETTER

SUBJECT:				
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Lisa Y. Shorts Pitell			
	-	Name of Person		
		Pitell Law Firm, PL		
	<u> </u>	Firm/Company		
		PO Box 5148		
		Address		
		Niceville, FL 32578		
		City/State and Zip Code durhamcarolyn@yahoo.com		
	E-mail address: (to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please ca	all:		
Lisa Y. Shorts Pitell		850 897-0045		
Name o	f Person		Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,	
2 323.30 7 milg 7 cc	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAMACA INVESTMENT PARTNERS, LLC

(<u>Name of the Limi</u> t	ted Liability Compa (A Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited L Florida document number L96000000521	were filed on <u>05/10/199</u>	6 and	and assigned		
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name o	f the limited liab	oility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation	ı "L.L.C."	
Enter new principal offices address, if applic	4591 E. Highway 20, Suite 202E				
(Principal office address MUST BE A STREET ADDRESS)		Niceville, FL 32578			
		<u></u>		SE SEC	
			!	2 유통물	
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)				986 3 7	
				<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:		<u>·e</u> :	ecords, <u>enter the na</u>	me of the new	
New Registered Office Address:	4591 E. Highway 20, Suite 202E				
New Negistered Office Address.		Enter Florida stree	t address		
	Niceville		Florida <u>32578</u>		
		Сіту	Zip C	ode	
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>			
I hereby accept the appointment as registere	ed agent and agr	ee to act in this capacit	y. I further agree to co	omply with the	

If Changing Registered Agent; Signature of New Registered Agent

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. Thereby 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>	Name	Address	Type of Action
			
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fective date, if other than the date of filing:			ptional)	
an effective date is listed, the date must be specific and cannot be priceder: If the date inserted in this block does not meet the applicament's effective date on the Department of State's recording the second	cable statutory f			
record specifies a delayed effective date, but n The 90th day after the record is filed.	ot an effectiv	e time, at 12:0	1 a.m. on the	earlier
September 2018		`		
ated	Re Co.	Mis	70	
Signature of a member or aut		tiva of a mambae		

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Typed or printed name of signee

Filing Fee: \$25.00