121000331505

(Requestor's Name)		
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PICK-UP WAIT MAIL		
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(======, /====,		
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21 PGV 15 PH 3: 28

T. MATTHEWS

DEC - 2 2021

COVER LETTER

TO:

Registration Section

porations		
oration LLC		
Name of Lie	nited Liability Company	
Amendment and fee(s) are sul	bmitted for filing.	
ndence concerning this matter	to the following:	
Wendell Thomas		
- 11.	Name of Person	
	Firm/Company	
6515 Dolphin Cove Dr		
4.7	Address	
Apollo Beach, FL 33572		
	City/State and Zip Code	-
wtforce@hotmail.com		
		otification)
incerning this matter, please c	all:	
	813 965-0282	
Person	Area Code Dayti	ime Telephone Number
e following amount:		
■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
E ection	Street Address: Registration S	ection
rporations	Division of Co	orporations
L 32314		Tallahassee oe Street, Suite 810
	Amendment and fee(s) are sulted and and fee(s) are sulted and fee(Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following: Wendell Thomas Name of Person

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF 21 HOW 15 PM 3: 28

W&W RESTORATION LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lim	ompany as it now appears on our record nited Liability Company)	<u>v)</u>
The Articles of Organization for this Limited Liability Comp. Florida document number L21000331505	pany were filed on July 21, 2021	and assigned
This amendment is submitted to amend the following:		
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 designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter</u>	the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florido street addres:	v
	F16	orida 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 = AMBR =	Manager Authorized Member		21 KOV 15	PH 3: 28
<u>Title</u>	<u>Name</u>	<u>Address</u>	21 KOV 13	

<u>Title</u>	Name	Address	Type of Action
AMBR	Winston W Thomas	6515 Dolphin Cove Dr., Apollo Beach, FL 33572	= Add
			□Remove
		 	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			🗆 🗆 Change
			🗀 Add
			□Remove
			□Change
			□Add
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		1-11-11-11-11-11-11-11-11-11-11-11-11-1	🗆 🗆 Add
			□Remove
			(TICThorner)

Effective date, if other than the date of filing: (optional) If an effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207, Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The optional of the date will not be listed as a document specifics a delayed effective date, but not an effective time, at 12:01 a.m., on the earlier of: (b) The 90th day after the rd is filed. Dated 11-11-21 Signature of a member or authorized representative of a member Wendell W Thomas	If amending any other information, enter change(s	
Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 40 days after filing.) Pursuant to 605 (207). Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after the rd is filed. Dated If a filed. Signature of a member or authorized representative of a member.		21 NOV 15 PH 3: 28
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	1 1 (6) (100)	
Wandall W Thomas	Signature of a member of	or authorized representative of a member
	Wandall W.Th.	
	Transit is	or printed name of signer

Filing Fee: \$25.00