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Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : 120030000043 : (800)342-9856 Phone : (800)354-3381 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:		
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No. 0402 P. 2

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WISB THE M		<u> </u>		,	
(Name of the Limited Liability (A Florida)	Company as it n Limited Liability C	ow appears on o ompany)	ur records.)	· - -	
The Articles of Organization for this Limited Liability C		ed on Judi	15 2012 ar	nd aasigne	d
Florida document number <u>L ISO 0 10335</u>	<u>⊋</u> ,				_
This amendment is submitted to amend the following:					eviation
A. If amending name, enter the new name of the limi	ted liability com	pany here:			eviation
WOB II LLC			•		
The new name must be distinguishable and end with the work	da "Limited Liabil	ity Company," the	e designation "LLC" or	the abore	viation
Enter new principal offices address, if applicable:			F	. (2)	
(Principal office address MUST BE A STREET ADDR	ESS)				<u></u> ,
			205		- Satte.
			2). 2).	. w	forms:
Enter new mailing address, if applicable:			. 11. -ye ^ 	- E	
(Mailing address MAY BE A POST OFFICE BOX)		_ _	<u></u>		
•		<u></u>			
B. It amending the registered agent and/or registe	red office addr	ett an alle Per	ords ansar the new	na of the	71844
redistered agent and/or the new registered office addr	ess here:	W. O. O. 180	21141 214	<u> </u>	<u>, 11617</u>
Name and the state of					
Name of New Rosistered Agent:					—
New Registered Office Address:	New Registered Office Address: Enter Florida street address				
		Dine, 1,10,			
	Clry		, FloridaZiɔ (ode	

New Registered Agent's Signature, if changing Rocistered 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 608, 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 fiability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Ageny

Page 1 of 3

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Man MGRM = M	ager anaging Member		
Title	Name	Address	Type of Action
			Add
			Remove
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			_ Remove
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Joseph	J	5,201b			
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		Signature of a member	r or authorized repres	entative of a member	
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