1500/03407

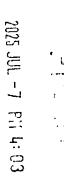
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COVER LETTER ,

FO: Registration So Division of Cor			
♥ WB Real E	State Development LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	-	
	Anton Philipp		
		Name of Person	
	WB Real Estate Developn	nent LLC	
		Firm/Company	
	936 SW First Ave # 936		
		Address	<u></u> _
	Miami FL 33130		
	ap@wbfinancialadvisors.co	City/State and Zip Code	
		to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	att:	
Anton Philipp		786 4366362	
Name o	f Person	at () Area Code Daytir	ne Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 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 enclosed)
Mailing Addres	is:	Street Address:	
Registration S	Section	Registration Se	
Division of C P.O. Box 632		Division of Co The Centre of	-
Tallahassee, l			be Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liab Florida document number L15000103607			
i mind document number	oility Company	were filed on 6/11/201	5 and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	<u>he</u> limited liab	ility company here:	
WB Real Estate Holdings LLC			
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	936 First Ave	2025
(Principal office address MUST BE A STREET.		# 936	
		Miami FL 33130	1
Enter new mailing address, if applicable:		936 First Ave	P.7 4
(Mailing address MAY BE A POST OFFICE BO	9 V 3	# 936	93
Chang dares wat be at 1031 Office be	<u> </u>	Miami FL 33130	·····
B. If amending the registered agent and/or reg agent and/or the new registered office address Name of New Registered Agent:		address on our record	ls, enter the name of the new registere
New Registered Office Address:	936 First Ave #	÷ 936,	
		Enter Florida str	reet address
	Miami		, Florida
		City	Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		

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.

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is

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>	<u>Address</u>	Type of Action
Mgr	Anton Philipp	936 First Ave # 936 Miami FL 33130	= Add
			□Remove
			□Change
Mgr	Maria Gabriela Caceres	44199 Highway 27 # 102	
		Davenport F1, 33897	≣Remove
			□Change
Agent	Maria Gabriela Caceres	44199 HIghway 27 # 102	□Add
		Davenport FL 33897	■Remove
			☐Change
			□Add
			□Remove
		·····	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove

ective date, if other than the date	ate of filing: (optional)
n effective date is listed, the date must be spo	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0:
	does not meet the applicable statutory filing requirements, this date will not be listed

Filing Fee: \$25.00