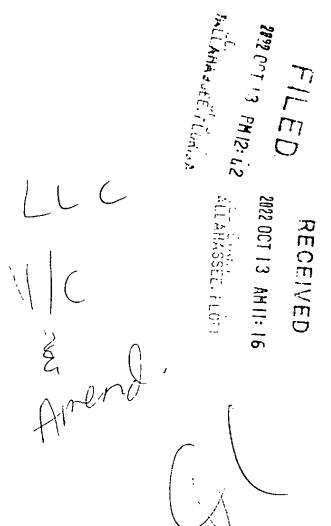
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Special Instructions to I	Filing Officer:	

Office Use Only



600395148016



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 025065 8353560
AUTHORIZATION: Spelle reas
COST LIMIT : \$25.00
ORDER DATE : October 13, 2022
ORDER TIME : 10:27 AM
ORDER NO. : 025065-005
CUSTOMER NO: 8353560
DOMESTIC AMENDMENT FILING
NAME: WMG ACQUISITIONS, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS: __

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

WMG ACQUISITIONS, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NATALIE KOZA Name of Person GOODKIND & FLORIO PA Firm/Company 4121 LA PLAYA BLVD Address MIAMI, FL 33133 City/State and Zip Code NATALIE@GOODKINDANDFLORIO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section

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

TO:

Registration Section Division of Corporations

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WMG ACQUISITIONS, LLC

company has been notified in writing of this change.

Florida document number L19000303306 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Basis Industrial Acquisitions, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg	(A Florida Limited	any as it now appears on our records Liability Company)	<u>s.</u>)
A. If amending name, enter the new name of the limited liability company here: Basis Industrial Acquisitions, LLC the new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new reg		y were filed on 12/12/2019	and assigned
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gent anusor the new registered office address here:	. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter	the name of the new register
Name of New Registered Agent:	Name of New Registered Agent:		
New Registered Office Address:	New Registered Office Address:		
Enter Florida street address	The Winds State of March 18 and 18 an	Enter Florida street address	5
Florida		Florida	
		City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	ew Registered Agent's Signature, if changing Registered Agent:	<u>:</u>	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply wi		_	al

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	ANTHONY SCAVO	2801 SW 31ST AVENUE 2-B	■ Add
		COCONUT GROVE, FL 33133	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Change
 -			□Add
			Remove
			□Change
		□Add	
			□Remove
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			□Remove
			Channa

OCTOBER 11 2022 Signature of a member or authorized representative of a member	If amending any other information	my enter enange(a) never ()	mach addinorda sheets, y n	ceessery.
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 605.026 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ocument's effective date on the Department of State's records. The specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the distributed of the specifies and specifies are specified and specifies and specifies and specifies are specified and specifies and specifies are specified as a specified and specifies are specified as a specified and specifies are specified as a specified and specified are specified as a specified and specified are specified as a specified			•	
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NATALIE KUZA	NATALIE KOZA			

Filing Fee: \$25.00

COVER LETTER

Division of Corporations WMG ACQUISITIONS, LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NATALIE KOZA Name of Person GOODKIND & FLORIO PA Firm/Company 4121 LA PLAYA BLVD Address MIAMI, FL 33133 City/State and Zip Code NATALIE@GOODKINDANDFLORIO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Person Daytime Telephone Number Enclosed is a check for the following amount: □ \$60.00 Filing Fee. ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303