LZ0000356199

| (Requestor's Name) |
|---|
| |
| (Address) |
| |
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| |
| PICK-UP WAIT MAIL |
| |
| (Duninger Entity Name) |
| (Business Entity Name) |
| |
| (Document Number) |
| |
| Certified Copies Certificates of Status |
| · |
| |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



000379097360

65 \$5.30 -63665 -0.4 (**25.80



A BUTLER JAN 14 2022

COVER LETTER

| TO: Registration S Division of Co | | | | | |
|-----------------------------------|---|---|---|--|--|
| WAVILL | С | | , | | |
| SUBJECT: | Name of Lir | nited Liability Company | | | |
| The enclosed Articles o | f Amendment and fec(s) are sul | bmitted for filing. | | | |
| Please return all corresp | ondence concerning this matter | r to the following: | | | |
| | Megan Fuentes | | | | |
| | | Name of Person | | | |
| | ZenBusiness Inc | | | | |
| | | Fiπn/Company | | | |
| | 5511 Parkcrest Dr Suite 20 |)7 | | | |
| | | Address | | | |
| | Austin, Texas, 78731 | | | | |
| | | City/State and Zip Code | | | |
| | fulfillment@zenbusiness.co | | | | |
| For further information of | eoncerning this matter, please c | to be used for future annual report no all: | tification) | | |
| Megan Fuentes | | 844 493-6249 at () | | | |
| Name o | of Person | Area Code Daytir | me Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addres | | Street Address: | | | |
| Registration : Division of C | | Registration Section Division of Corporations | | | |
| P.O. Box 632 | 27 | The Centre of Tallahassee | | | |
| Tallahassee, | FL 32314 | 2415 N. Monro | 2415 N. Monroe Street, Suite 810 | | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1

| WAVILLC | () () () () () () () () () () | | |
|--|---|--|--|
| (Name of the Limited Liability Compa (A Florida Limited) | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Plorida document number <u>L20000356199</u> | were filed on $\frac{11/10/2020}{}$ and assigned | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| he new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | 1724 Windermeredown Place | | |
| Principal office address MUST BE A STREET ADDRESS) | Windermere, FL 34786-8022 | | |
| Enter new mailing address, if applicable: | 1724 Windermeredown Place | | |
| Mailing address MAY BE A POST OFFICE BOX) | Windermere, FL 34786-8022 | | |
| 3. If amending the registered agent and/or registered office a seent and/or the new registered office address here: Name of New Registered Agent: | address on our records, enter the name of the new regis | | |
| New Registered Office Address: | Enter Florida street address | | |
| | | | |
| | , Florida | | |

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 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 |
|--------------|----------------------|------------------------|----------------|
| AMBR | David Russell Wolber | 1724 Windermeredown PL | □Add |
| | | Windermere, FL 34786 | □Remove |
| | | | ■ Change |
| | | | □Add |
| | | | □Remove |
| | | <u> </u> | Change |
| | · | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |

| | | | , <u> </u> | |
|---|---------------------------------------|-------------------------|---------------------------|----------------------------|
| | | | | |
| | | | | |
| - | | | | |
| , | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | , | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 11 | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | |
| | | | | |
| - | | | | |
| fective date, if other than the n effective date is listed, the date muster: If the date inserted in this blument's effective date on the D | ock does not meet the ap | oplicable statutory fil | ling requirements, this | date will not be listed as |
| ecord specifies a delayed effectiv is filed. | e date, but not an effecti | ve time, at 12:01 a.n | n. on the earlier of: (b) | The 90th day after the |
| January 5 ted | 2022 | <u></u> . | | |
| | | | | |
| /s/ David Russell W | /olber | | | |
| /s/ David Russell W | /olber Signature of a member or | authorized representati | ive of a member | |

Filing Fee: \$25.00