## L23000316383

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| Certified Copies          | Certificates     | s of Status   |
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|                           | J. H             | ORNE          |
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Office Use Only



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03/26/24--01024--007 \*\*\$5.00



## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Div            | ision of Cor              | porations                                    |   |
|----------------|---------------------------|--|---|
| SUBJECT:       | WCSC LW                   |  |   |
| SOBJECT.       | _                         |  | imited Liability Company  |
| The enclosed   | d Articles of             | Amendment and fee(s) are si                  | ubmitted for filing.  |
| Please return  | all correspo              | ndence concerning this matte                 | er to the following:  |
|                |                           | JANA CROFT                                   |   |
|                |                           |  | Name of Person  |
|                |                           | WCSC LWB LLC                                 |   |
|                |                           |  | Firm/Company  |
|                |                           | 824 LAKE AVE., SUITI                         | € 327   |
|                |                           | <del></del>                                  | Address   |
|                |                           | LAKE WORTH BEACE                             | I, FLORIDA 33460  |
|                |                           |  | City/State and Zip Code   |
|                |                           | WRAPCITYLWB@GMA                              | AIL.COM : (to be used for future annual report notification)  |
| For further in | nformation c              | oncerning this matter, please                | ·   |
| JANA CRO       | FT                        |  | 561 406-4147<br>at ( )  |
|                | Name o                    | f Person                                     | Area Code Daytime Telephone Number  |
| Enclosed is a  | a check for th            | ne following amount:                         |   |
| □ \$25.00 H    | Filing Fee                | □ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| Re             | iling Addres gistration S |  | Street Address: Registration Section Division of Corporations   |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WCSC LWB LLC

State (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

| The Articles of Organization for this Limited Li       | ability Company w       | vere filed on JULY 0    | 3, 2023                   | and assigned          |
|--|-------------------------|-------------------------|---------------------------|-----------------------|
| Florida document number 1.23000316383                  | ·                       |                         |                           |                       |
| This amendment is submitted to amend the follow        | owing:                  |                         |                           |                       |
| A. If amending name, enter the new name of             | the limited liabili     | ity company here;       |                           |                       |
| The new name must be distinguishable and contain the w | ords "Limited Liability | y Company." the designa | ation "LLC" or the abb    | reviation "L.L.C."    |
| Enter new principal offices address, if applications   | able:                   |                         |                           |                       |
| (Principal office address MUST BE A STREE              | T ADDRESS)              |                         |                           |                       |
|  |                         |                         |                           |                       |
|  |                         |                         |                           |                       |
| Enter new mailing address, if applicable:              |                         |                         |                           |                       |
| (Mailing address MAY BE A POST OFFICE I                | BOX)                    |                         |                           |                       |
|  |                         |                         |                           |                       |
| B. If amending the registered agent and/or re          | egistered office ad     | ldress on our record    | ds enter the name         | of the new registered |
| agent and/or the new registered office addres          |                         | idites on our recore    | is, enter the name        | or the new registered |
|  |                         |                         |                           |                       |
| Name of New Registered Agent:                          | JANA CROFT              |                         |                           |                       |
| New Registered Office Address:                         | 824 LAKE AVE,           | SUITE 327               |                           |                       |
|  |                         | Enter Florida sti       | reet address              |                       |
|  | LAKE WORTH              | веасн                   | , Florida <sup>3346</sup> | 0                     |
|  |                         | City                    |                           | 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 = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>     | Address                         | Type of Action |
|--------------|-----------------|---------------------------------|----------------|
| MGR          | BERNARD L. LEBS | 300 S AUSTRALIAN AVE, UNIT 1513 |                |
|              |                 | WEST PALM BEACH, FL 33401       | ≣Remove        |
|              |                 |                                 | □Change        |
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|                     | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)   |
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| If an ef<br>Note:   | tive date, if other than the date of filing: March 18, 3034 (optional) Tective 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  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records. |
| e recor<br>rd is fi | rd 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 iled.   |
| Dated               | Signature of a member of a uthorized representative of a member   |
|                     | Signature of a member or authorized representative of a member  |
|                     | 1   |