M23000012528

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

Office Use Only



000407026310

LLC Amend

023 NOV 27 PM 3: Secretary (also)

7 1 L E. 1)
2023 HOV 27 AH 15: 25

A. RAIVIS = 1 NOV 282023

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

		ACCOUNT NO	0. :	I200000	00195
		REFEREN	CE :	982602	8253665
		AUTHORIZATIO	ON :	17	
		COST LIM	IT : C	\$125.00	Kerson
ORDER	DATE :	September 12,	2023		
ORDER	TIME :	1:20 PM			
ORDER	NO. :	982602-255			
CUSTO	MER NO:	8253665			
					Av. And say And
		FOREIG	N FILI	<u>NGS</u>	
	NAME:	WSB LLC			
		TE PARTNERSHIP LIABILITY COM	PANY		
XXXX I	AMENDMEN'	г			
PLEASI	E RETURN	THE FOLLOWING	AS PRO	OOF OF F	ILING:
<u>xx</u>	PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD	STAND	ING	

EXAMINER:

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WSB LLC	
Name of Foreign	Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) a	are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
DeAnna Leseman	
Name of Person	
WSB LLC	
Firm/Company	
701 Xenia Ave S, Suite 300	
Address	
Minneapolis, MN 55416	
City/State and Zip Code	
dleseman@wsbeng.com	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, p	olease call:
DeAnna Leseman	763 287-7197 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a □\$25 Filing Fee □ \$30 Filing Fee & Certificate of Status CR2E055 (9/15)	mount: □ \$55 Filing Fee & □ \$60 Filing Fee, Certified Copy Certified Copy Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

20 1 1 cc 11	5			
MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:				
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)				
	-			
	M23000012528			
2. The Florida document number of this limited liability	company is:			
3. Jurisdiction of its organization: Minnesota				
4. Date authorized to do business in Florida: 09/29/202				
SECTION II (5-9 complete only the applicable chang				
-				
(must conta	ain "Limited Liability Company, " "L.L.C" or "LLC.")			
(If name unavailable, enter alternate name adopted for the copy of the written consent of the managers or managing	he purpose of transacting business in Florida and attach a gmembers adopting the alternate name. The alternate name			
must contain "Limited Liability Company," "L.L.C." or	"LLC.")			
6. If amending the registered agent and/or registered offi	icer address on our regards, anter the name of the name			
registered agent and/or the new registered office address	shere:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida Street Address			
	, Florida			
	City Zip Code			

itle/ Capacity	<u>Name</u>	Address	Type of Action
/P	Andrew Lobe	701 Xenia Ave S, Suite 300, Minneapolis. MN 55416	\ Add
			□Remo
			□Add
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aforemention	inder the law of which this entity is orga	y the official having custody of records in th	□Remo e

Filing Fee: \$25.00