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| · (R | equestor's Name) | |
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| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name) | |
| (D | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| TO: | Registration Sec Division of Corp | | | • | |
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| | WPHP2, L | LC | | | |
| SUBJ | ЕСТ: | | | . , | |
| | | Name of Limi | ited Liability Company | | |
| The en | nclosed Articles of A | Amendment and fee(s) are sub- | mitted for filing. | | |
| Please | return all correspor | ndence concerning this matter | to the following: | | |
| | | CLEITON CARDOSO | | | |
| | | | Name of Person | | |
| | | DOMINIUM CONSULTIN | G SERVICES, LLC | | |
| | | | Firm/Company | | |
| | | 6965 PIAZZA GRANDE | AVE, UNIT 206 | | |
| | | · | Address | | |
| | | ORLANDO -FL 32835 | | | |
| | | THEOGRANTHUMES CON | City/State and Zip Code | | |
| | | INFO@DOMINIUMCS.COM | | | |
| | | E-mail address: (t | o be used for future annual rep | ort notification) | |
| For fu | rther information co | ncerning this matter, please ca | ill: | | |
| LEON | ARDO FIGUEIRE | DO | 407 374. | 2329 | |
| | Name of | D | at () | D (T) 1 N 1 | |
| | Name of | rerson | Area Code | Daytime Telephone Number | |
| Enclos | sed is a check for the | e following amount: | | | |
| □ \$ 2 | 5.00 Filing Fee | ☑ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | d) Certified (| e of Status & |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

DocuSign Envelope ID: EA29E07D-21B1-4772-A99F-5877FBB7595D ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

| WPHP2, LLC | | |
|---|--|---------------------|
| (<u>Name of the Limited Liah</u> (A Flor | oility Company as it now appears on our records.) ida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Florida document number | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| | | 9. 16 |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" or the ab | |
| Enter new principal offices address, if applicable: | | 92 |
| (Principal office address MUST BE A STREET AD) | DRESS) | B AM : 31 |
| Enter new mailing address, if applicable: | | 1:31 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or reg | | the name of the new |
| registered agent and/or the new registered office ac | <u>ldress here</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | . Florida | |
| | City | Zin 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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: EA29E07D-21B1-4772-A99F-5877FBB7595D 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> AMBR | <u>Name</u> RICARDO H.TAYANO FANTON | Address RUA JOAO ANDREOLI 1-190 | Type of Action |
|----------------------|--|------------------------------------|-------------------------|
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| Effec | tive date, if other than the date of filing: (optional) |
| | ffective 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 605.02. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed |
| (If an e | |
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Page 3 of 3

Filing Fee: \$25.00