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

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WIPKE INDUS	TRIAL PARK, I	L.L.C.	
			Art of Inc. File
		<u> </u>	LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
			Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
			Fictitious Owner Search
Signature			Vehicle Search
			Driving Record
Requested by: SET	ru		UCC 1 or 3 File
			UCC 11 Search
Name	Date	Time	UCC 11 Retrieval
Walk-In	Will Pick	Up	Courier
11. MOUTH BUILD, U.S HOURS (\$6)			



March 31, 2022

CAPITAL CONNECTION

SUBJECT: WIPKE INDUSTRIAL PARK, L.L.C.

Ref. Number: L01000005044

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If the registered agent is an attorney, he must sign the document as Attorney-in-Fact as only an authorized person listed can sign the document otherwise.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00007528

Irene Albritton Regulatory Specialist III

www.sunbiz.org



March 28, 2022

CAPITAL CONNECTION, INC.

SUBJECT: WIPKE INDUSTRIAL PARK, L.L.C.

Ref. Number: L01000005044

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

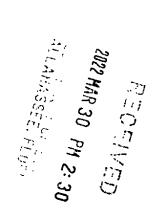
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

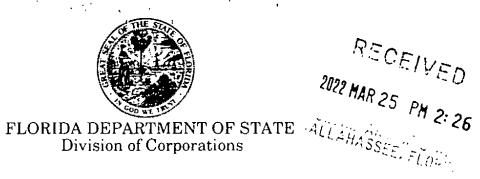
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 922A00007216

frene Albritton Regulatory Specialist III







March 24, 2022

CAPITAL CONNECTION, INC.

SUBJECT: WIPKE INDUSTRIAL PARK, L.L.C.

Ref. Number: L01000005044

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The attached form must be completed in order to file the document.

This last page is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 022A00006959

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIPKE INDUSTRIAL PARK, L.L.C.		
(Name of the Limited Liability Compa (A Florda Limited)	ny as it now appears on our reclability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L01000005044	were filed on 04/02/2001	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		022
(Principal office address MUST BE A STREET ADDRESS)		PR
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office adagent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	idress on our records, ente	
New Production of the Control of the	City	Florida
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, o	and I am familiar with and

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

Title	<u>Name</u>	Address	Type of Action
MGRM	SCHWARTZ, EUGENE	612 Oak Hill Circle	
		SARASOTA, FL 34232	
			Cl Change
			DAdd
			Change
			□Add
			□ Remove
			Change
			□Add
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ecord : is filed	specifies a delayed d.	effective date, b	ut not an c	:Nective time	t, at 12:01 i	a.m. on the	carlier of: (b)	The 90th d	ay after the
ited	March 18,		· · ·	2022					
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Filing Fee: \$25.00