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COVER LETTER

TO: Registration Section
Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

SUBJECT: Wittenberg	Weiner Consulting LLC		
30b/EC1.	Name of Lim	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Donna Huneycutt		
	•	Name of Person	
	Wittenberg Weiner Consu	lting LLC	
		Firm/Company	
	5304 Clouds Peak Drive		
		Address	
	Lutz, FL 33558		
		City/State and Zip Code	-
	contracts@ww-consult.con		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all:	
Donna Huneycutt		813 482-3143	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 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 Address Registration		Street Address: Registration Se	ection
Division of C		Division of Co	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO OF

Wittenberg Weiner Consulting LLC

(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appears on our records imited Liability Company)	1
The Articles of Organization for this Limited Liability Con	npany were filed on 6/10/2004	and assigned
Florida document number 1.04000043597		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
WWC Global LLC		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC"	or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	
Enter new mailing address, if applicable:	·	
Mailing address MAY BE A POST OFFICE BOX)		
	<u> </u>	
3. If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, enter t	he name of the new regis
gent and/of the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	PI.	5 h.
	, F101	rida 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
			□Add
			□Remove
			Change
			
			□Remove
			□Change
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			Remove
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reffecti <u>te:</u> If t	date, if other than the date of filing:
cord sp s filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ed	5/13/2020
	Signature of almorrized representative of a member