## Florida Department of State

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## ARTICLES OF AMENDMENT 08 JUL 25 AM 8: 50 TO ARTICLES OF ORGANIZATION SECRETARY OF STATE OF

	II, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny sa it now ano bility Company	()	-
The Articles of Organization for this Limited Liability Company Plorida document number 1.05000059331	were filed on	06/08/2005	and assigned
This amendment is submitted to amend the following:			
A. If amending name, gater the new name of the limited liab	lity company b	ere:	
W & B 2, LLC			
The new name must be distinguishable and end with the words "Limi" L.L.C."			
Enter new principal offices address, if applicable:	13937	Perdido Key D Cola, FL	r #1303
[Principal office address MUST BE A STREET ADDRESS]	Pensa	<u>cola, FL'</u>	
Enter new mailing address, if applicable:  (Molling address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		our records, enter th	e name of the pew
Name of New Registered Agent:	·,		
New Registered Office Address:			
	(	Enter Florida street addr	ess)
	(City)	, Florida	(Zip Code)
	(Cuy)		(mile pound)

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 608, 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)

Page 1 of 2

If smeeding the Managers or Managing Members as our records, cater the title, name, and address of each Manager or Managing Member being added or removed from our records:

<u> Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
,			Add Remove
<u>-</u>			Add Remove 
			☐ Add ☐ Remove
			□Add □Remove
<del> </del>			Add Remove
if amend	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
-			08 JUL 25 F SECALLAHASSE TALLAHASSE
med <u>Ji</u>		QR_,	SSEE FLORIDA
	1	or authorized representative of a member	ATE ATE
•	$\alpha$ $\alpha$ $\alpha$ $\alpha$ $\alpha$		
-	M. Wanda Whit	or printed name of signee Page 2 of 2	

FLOSS - 04/22/2004 (\* 7 System Chilliss

MGR = Manager