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COVER LETTER

TO:	Registration Se Division of Cor	ction porations		
SUBJEC	Т:	WAHOO Name of Lin	PROPERTIES rited Liability Company	,LLC
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	um all correspon	ndence concerning this matter	to the following:	
		Terry Sh	ahrabani	
			Name of Person	
			V:(C)	
		1114 N. Atlan	Firm/Company	
			Address	
		Lantana,	L 33462	
		terry Shah	City/State and Zip Code O yahoo - Com o be used for future annual report notific	stion)
or further	information con	cerning this matter, please cal		
Teri	U Sna Name of P	hrabani	at (50) 313-4	782 Telephone Number
,			o dy tina.	cicprone (valinger
nclosed is	a check for the	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 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, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- WAHOU PROPER	TTFSILL	
(Name of the Limited Liability Composition (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number	1 1	OO6 and assigned
	<i>'</i>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "I mited Liabil	lity Company "the design of the company of the comp	
Enter new principal offices address, if applicable:	ny company, the designation "LLC" or the	e abbreviation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		
		2013
	/ .,	9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		. 01
		<u> </u>
D 16 15	7	<u>; </u>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, <u>ente</u> :	r the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enser Florida street address	
	City, Florida _	Zip Code
ew Registered Agent's Signature, if changing Registered Agent		op come

N

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

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>	Name	Address	Type of Action
MGR	Lissette Shahrabani	1114 N. Atlantic Drive Lantana, FC 33462	
		- 53902_	Remove
			Change
			Add
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			□ Change
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D. II an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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_	
(II an en Note:	ve date, if other than the date of filing:
f the rec b) The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated_	October 1st 2019,
	Signature of a member or authorized representative of a member
	Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00