

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000176541 3)))



H170001765413ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880

Fax Number : (407)244-5690

Enter the email address for this business entity to be used for fiture annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WS GROUP, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

D. SCOTT

7 2017

Electronic Filing Menu

Corporate Filing Menu

company has been notified in writing of this change.

(((H170001765413)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WS GROUP, LLC			
(Name of the Limit	ed Liability Compa (A Florida Limited L	by as it now appears on our records.)	_
The Articles of Organization for this Limited L Florida document number L07000055841	iability Company		and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here;	
BEULAH COMMERCE CENTER, ILC		· · · · · · · · · · · · · · · · · · ·	
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Compariy," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	937 Stagg Road	
(Principal office address MUST BE A STREE	T ADDRESS)	Winter Garden, PL 34787	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and/ registered agent and/or the new registered of	or registered of		iter the name of the new
Name of New Registered Agent:			-1,0
New Registered Office Address:	937 Stagg Road	Enter Florida street address	
	Winter Garden	, Florida	34787.
New Registered Agent's Signature, if changing I	Registered Agent:	Clay	ZIP.Code 67
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registering filed to merely reflect a change in the reflect acceptance.	er and complete p stered agent as p	performance of my duties, and I a rovided for in Chapter 605, F.S.	m familiar with and Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

ء ب

(((H17000176541 3)))

(If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

	pc of Action	Type o	Address	Vame	<u>Title</u>
TAILANIAS E. A. O.	□ Add	D Ad			··· ·
] Remove	D Re			
] Change				
	3 Add				
] Remove	C Re			
	l Change	Ch	78		
	l Add	Ad			
	Remove	D Ren			
	Change	□ Cha			
	∧dd	□ Add			
	Remove	C Rem			
	Change مسا	Char			
	Add T	Add Add	-		
	Remove IT	Rem			
	Change C	Pichar			
	N				
	lemove	Remo		·	

·	·
_	
-	
_	
	###
•	
-	
_	
_	
_	
_	
	•
-	
_	
Note:	e date, if other than the date of filing: (optional) ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Fursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at t's effective date on the Department of State's records.
	The second secon
e reç The	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
1116	
Dated _	7/5/2017 2017
_	
	Land Son
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00

(((H17000176541 3)))