## L07000110006

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## **COVER LETTER**

TO: Registration Se Division of Cor			
WP-IC, LL	С		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fce(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CALLA REID		
		Name of Person	<del></del>
	WP-IC, LLC		
	·	Firm/Company	
	4822 AGUALINDA BLVI	),	
		Address	· · · · · · · · · · · · · · · · · · ·
	CAPE CORAL, FL 33914		
	isyr@earthlink.net	City/State and Zip Code	·· <del>·</del>
	E-mail address: (	to be used for future annual report notif	ication)
For further information e	oncerning this matter, please co	ill:	
CALLA REID		239 672-6844 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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
Tallahassec, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WP-IC, LLC

File

The Articles of Organization for this Limited Liabil Florida document number L07000110006  This amendment is submitted to amend the following A. If amending name, enter the new name of the The new name must be distinguishable and contain the words Enter new principal offices address, if applicable	ng:  c limited liability co  "Limited Liability Com	mpany here:	, , , , , , , , , , , , , , , , , , , ,	
A. If amending name, enter the new name of the The new name must be distinguishable and contain the words Enter new principal offices address, if applicable	Limited liability co	<del></del>	"LLC" or the abbreviation "L.L.C."	
The new name must be distinguishable and contain the words  Enter new principal offices address, if applicable	"Limited Liability Com	<del></del>	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable		pany," the designation	"LLC" or the abbreviation "L.L.C."	
• • • • • • • • • • • • • • • • • • • •	<b>^</b>			
<u>(Principal office address MUST BE A STREET A</u>	DDRESS)			
(Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ac	Idress on our re	cords, enter the name of the	
			·	
Name of New Registered Agent:	CALLA REID		<del></del>	
New Registered Office Address: 4	4822 AGUALINDA BLVD.			
	Enter Florida street address			
<u>C</u>	CAPE CORAL		_, Florida <u>33914</u>	
	Cit	·	Zip Code	

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	IZHAK ROGOWSKI	4822 AGUALINDA BLVD.	
		CAPE CORAL, FL 33914	Add
			Remove
			Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
			Remove
			Change
			Remove
			□ Change
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			☐ Change

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	•		MA	Y 15, 2019		<b>-</b>	
Note: 1	ye date, if other the ctive date is listed, the f the date inserted in nt's effective date o	i this block do	of filing:eeific and cannot bes not meet the	be prior to date of applicable state	filing or more than story filing requi	( <b>optional)</b> 190 days after filing.) Frements, this date w	Pursuant to 605,0207 ( ill not be listed as the
	ord specifies a d 90th day after t			out not an eff	fective time, a	at 12:01 a.m. o	n the earlier of:
Dated _	UNE 3		7019				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00