## L09000011762

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## **COVER LETTER**

TO: Registration S Division of Co			
WLPW2. I	.1.C		
SUBJECT:	Name of Lim	ited Liability Company	<del> </del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	WENDY L. WHITMIRE		
		Name of Person	<u> </u>
	WLPW2, LLC		
	<del></del>	Firm/Company	<del></del>
	211 RIDGEWOOD ROAF	)	
	···-	Address	<del></del>
	CORAL GABLES, FL 33	133	
		City/State and Zip Code	
	accounting@poesrentals.co		
		to be used for future annual report notifi	cation)
For further information of	concerning this matter, please co	all:	
LAIRD A. BURNS		786 269-0183	
Name c	r Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 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, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2019/14R-4 PH 3:37

WLPW2, LLC

(Name of the Limited Liability Company as it now appears on our

\ <u></u>	(A Florida Limited Liability Company)	· · · · · · · · · · · · · · · · · · ·	
The Articles of Organization for this Limited Florida document number L09000011762	Liability Company were filed on $\frac{02}{2}$	/05/2009	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability company he	<u>:re</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET_ADDRESS)		
	<del></del>	<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E POV		<del></del>
Maning dadress MAT DE A 1031 OFFICE			
B. If amending the registered agent an registered agent and/or the new registered	d/or registered office address on office address here:	our records, enter	the name of the
Name of New Registered Agent:	ROXANNE POE		
New Registered Office Address:	211 RIDGEWOOD ROAD		
	Enter Flor	ida street address	
	CORAL GABLES	, Florida <sup>3</sup>	3133
	City		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 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	ROXANNE POE	211 RIDGEWOOD ROAD CORAL GABLES, FL 33133	<b>⊟</b> Add
			□ Remove
			□ Change
			□ Remove
		<del></del>	☐ Change
		<del></del>	Add
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			Change

feetive date, if other than the date of filing:  (optional)  In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 days in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  Tecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.					
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Typed or printed name of signee

Filing Fee: \$25.00