66

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fi	iling Officer:	

Office Use Only



600324622636

03/04/19--01032--021 **25.00

2019 MAR -4 PM 2: 41

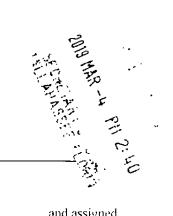
C MCNAIR

COVER LETTER

	Registration S Division of Co			2011
SHRIEC	WLPW3, I	LLC		Solid Harry
SOBJEC	··		nited Liability Company	A STANSON
The enclo	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	E.
		WENDY L. WHITMIRE		
		WLPW3, LLC	Name of Person	
		211 RIDGEWOOD ROAI)	
		· · · · · · · · · · · · · · · · · · ·	Address	<u> </u>
		CORAL GABLES, FL 33	133	
		accounting@poesrentals.co		
		E-mail address: (to be used for future annual report no	otification)
For furthe	r information c	concerning this matter, please c	all:	
LAIRD A	L BURNS		786 269-0183	
	Name o	of Person		me Telephone Number
Enclosed i	is a check for t	he following amount:		
\$25.0 0	0 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)
	MAIL	ING ADDRESS:	STREET/COU	RIER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Ft. 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WLPW3, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited	Liability Company were filed on $\frac{0}{2}$	2/05/2009	and assigned
Florida document number L09000011766			
This amendment is submitted to amend the fol	llowing:		
A. If amending name, enter the new name	of the limited liability company b	nere:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
	 -		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		. <u> </u>
			
B. If amending the registered agent and registered agent and/or the new registered of	I/or registered office address office address here:	n our records, <u>enter</u>	the name of the nev
Name of New Registered Agent:	ROXANNE POE	·	
New Registered Office Address:	211 RIDGEWOOD ROAD		
- — 	Enter Fl	orida street address	
	CORAL GABLES	, Florida _ ^{3.}	3133
	City	<u></u>	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	ROXANNE POE	211 RIDGEWOOD ROAD CORAL GABLES, FL 33133	= Add
		-	☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			
			Remove
			□ Change

			·	
				
				
				· · · · · ·
				
				
				
				
			· · · · · · · · · · · · · · · · · · ·	
Tective date, if other than the date in effective date is listed, the date must be tel. If the date inserted in this bloc cument's effective date on the Department.	k does not meet the appli	icable statutory filing rec	(optional) han 90 days after (filing.) Pursu quirements, this date will no	ant to 605.020' of be listed as
record specifies a delayed of the 90th day after the recor	effective date, but n d is filed.	ot an effective time	e, at 12:01 a.m. on th	e earlier o
•				
FFRRHARY 28	. 2019	·		
ted FEBRUARY 28	2019 gnature of a member or aut	 S		

Page 3 of 3

Filing Fee: \$25.00