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10/20/21

COVER LETTER

TO: Registration Se Division of Cor				
WWA Dev	elopment, L.L.C.			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Robert D. McNair, Jr.			
		Name of Person		
	WWA Development, L.L.G	3.		
		Firm/Company		
	1816 NW 19th Street		SECH TAI	2021 OCT 12
		Address	TA LEI	000
	Fort Lauderdale, FL 33311		HASS	
		City/State and Zip Code	OF S	PH 2: 08
	deangeloine@bellsouth.net	to be used for future annual report notification	™ ₹	2: 0
For further information c	concerning this matter, please c	·		∞
Robert D. McNair, Jr.		954 709-8837		
Name o	of Person	Area Code Daytime Telep	phone Number	-
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing For Certificate of Signature Certified Copy (additional copy is	tatus &
Mailing Addres	xe.	Street Address:		
Registration (Registration Section		
Division of C	•	Division of Corporat		
P.O. Box 632	77	The Centre of Tallah	assee	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WWA Development, L.L.C.			
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company))	
The Articles of Organization for this Limited Liability Company were filed on aUGUST 26, 2009			
lorida document number L09000082391			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		<u> </u>	
Principal office address MUST BE A STREET ADDRESS)		120 PC1	
		IZ IIAS	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)		2: 08 2: 08 5: MATE	
3. If amending the registered agent and/or registered office	address on our records, enter th	he name of the new regist	
gent and/or the new registered office address here:	· · · · · · · · · · · · · · · · · · ·		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u></u>	, Flor		
	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>	<u>Name</u>	Address	Type of Action
MGR	Estella E. McNair	1816 NW 19th Street	□Add
		Fort Lauderdale, FL 33311	□Remove
			■ Change
			□ Add
			Remove
			□Change
			SECRETIAND AND TALLED
			ARROP PM Change
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fective date, if other than the d	ate of filing: _			(o _l	otional)		S 030
n effective date is listed, the date must ote: If the date inserted in this block	e specific and car k does not meet	the applicable	ate of thing or more statutory filing t	enan 90 days a equirements,	this date w	ill not be lis	sted as
cument's effective date on the Dep	partment of State	's records.					
					(1 > AVE		
ecord specifies a delayed effective is filed.	date, but not an	effective time	, at 12:01 a.m. on	the earlier of:	(b) The	90th day ait	er ine
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ted October	2	021					
		1					
Let D	Mylein	<u> </u>	ed representative of		·		
		ther or authorize	ed representative of	a member			

Filing Fee: \$25.00