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COVER LETTER

TO:		istration Sect sion of Corpo					
SUBJEC	(°1°.		RRE WPB, LLC				
SUBJEC	C 1	Name of Limited Liability Company					
			mendment and fee(s) are subt	-			
			Laura Cohen				
				Name of Person	 	_	
			Ellis Law Group, P.L.				
				Firm/Company			
	4755 Technology Way, Ste. 205						
	Address					_	
			Boca Raton, FL 33431				
			laura@ellis-law.com	City/State and Zip Code		_	
			E-mail address: (t	o be used for future annual re	eport notification)		
For furth	ier in	formation con	cerning this matter, please ca	ill:			
Laura C	Ohen			561 910 at ()	-7500		
		Name of I	Person	Area Code	Daytime Telephone Numb	er	
Enclosed	d is a	check for the	following amount:				
\$ \$25.	00 Fi	ling Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certific osed) Certific	Filing Fee, rate of Status & ed Copy al 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

XTEND BARRE WPB, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our reco hability Company)	rds.)
he Articles of Organization for this Limited Liability Company lorida document number $\frac{1.12000043245}{1.0000043245}$.	were filed on 03/28/2012	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here;	
AULT WPB, LLC		
ne new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LI	
nter new principal offices address, if applicable:		18 #
Principal office address MUST BE A STREET ADDRESS)	 	
	-	23 SSE SSE
nter new mailing address, if applicable:		[0] 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
failing address MAY BE A POST OFFICE BOX)		27 Rin. Rin.
		N. Carrier
If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		ds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	, , I	Florida
	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>	<u>Address</u>	Type of Action
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e record specifies a de The 90th day after th			t an effectiv	e time, at 12:0	1 a.m. on the	e earli	er of:
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