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SECRETARY OF STATE

SECRETARY OF STATE

COVER LETTER

TO: Registration Section **Division of Corporations** WB SOLUTIONS LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing.

	KRISHNAKANTH BARRI		
		Name of Persor	1
	WB SOLUTIONS LLC		
		Firm/Company	
	20110 NATURES HIKE WAY		
		Address	
	TAMPA, FLORIDA 33647		
		y/State and Zip C	Tode
	krishna.barri@w-b-solutions.com		
	E-mail address: (to be t	ised for future ar	nual report notification)
For further information con	cerning this matter, please call:		
KRISHNAKANTH BARR	I	813 at (995-5083
Name of P	erson	Area Code	Daytime Telephone Number

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

□ \$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certified Copy (additional copy is enclosed)

Certificate of Status &

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 DEC 19 AM 11: 54

WB SOLUTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FL

The Articles of Organization for this Limited Liability (Company were filed on JULY	7 5, 2012 and assig	ned
Florida document number L12000087459		and unong	,
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here	≧ :	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the desi	ignation "LLC" or the abbreviation "L.L.	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office address.	stered office address on o	our records, <u>enter the name o</u>	
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>	a street address	
	Enter Florida	a street address	
	, **:	, Florida	
	Cüy	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
MGRM	JOSEPH M. WEST	4100 CROSSGATE DR FREDERICKSBURG, VA 22408	Add
			Remove
			Change
			Add
			☐ Remove
			☐ Change
			D Add
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	01/01/2018			
E. Effective date, if other than the d (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	k does not meet the applical	o date of filing or more than ble statutory filing requi	(optional) 190 days after filing.) Pursuant to 60; rements, this date will not be list	5.0207 (3)(b ed as the
If the record specifies a delayed (b) The 90th day after the recor		an effective time,	at 12:01 a.m. on the earli	er of:
Dated November 6	2018			
works	ignature of a member or author	ized representative of a m	ember	
KRISHNAKANTH BARI) [
ARISHNAKANTH BARI		name of signee		

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Filing Fee: \$25.00