U30005265

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
J. HORNE AUG 15 2022			

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SECRETARY OF TALLANDASSEE.

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WH HOLDINGS C	OF TAMPA BA	Y, LLC		
·-···				
				Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
			<u></u>	Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
				Officer Search
				Fictitious Search
Signature				Fictitious Owner Search
				Vehicle Search
	 	— — — — !		Driving Record
Requested by: SETH	08/12/22			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
W-11- T	11711 W			UCC 11 Retrieval

COVER LETTER

TO: Reg Divi	istration Se ision of Cor	ction porations				
SUBJECT:	WH Holdi	ngs of Tampa Bay, LLC				
		Name of Li	mited Liability Company			
The enclosed	Articles of A	Amendment and fee(s) are so	ibmitted for filing			
Please return	all correspon	idence concerning this matte	er to the following:			
		George G. Pappas		J		
			Name of Person			
		Pappas Law & Title				
			Firm/Company			
		1822 N. Belcher Rd., Suite 200				
			Address			
		Clearwater, Fl 33765				
			City/State and Zip Code			
			to be used for future annual report notif	loation)		
For further info	ormation cor	ncerning this matter, please o	all:			
George G. Pap	pas		727 447-4999 at ()			
	Name of P	crson		Telephone Number		
Enclosed is a ol	heck for the	following amount:				
≡ \$25.00 Fili	ing Fee	☐ \$30,00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is molesed)	☐ \$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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WH Holdings of Tampa Bay, LLC				
(Name of the Limi	led Lizbility Comp. (A Florida Limited	any as it now appears on Liability Company)	our records.)	
The Articles of Organization for this Limited L Florida document number L13000082658	iability Company	were filed on 06/07/	2013	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	the limited liab	ility company here:		
Harmony Shopping Plaza, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the design	nation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applic	able:	N/A		
(Principal office address MUST BE A STREE	T ADDRESS)			
Enter new malling address, if applicable: (Malling address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A		
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office : s here;	address on our recor	ds, enter the name of	the new registered
Name of New Registered Agent:	N/A			
New Registered Office Address:	 .			
		Enter Florida si	rest address	
			, Florida	·
		City	Z	p 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 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

Title	Name	Address	Type of Action
			
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
	•		□Remove
			Change
			□Add
			CRemove
			□ Change
			O Add
			CIRemove
			Change
			
			DRemove
			□ Change

N/A 		
		
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ective date, if oth	er their the data of Allina.	
offective date is listed	, the date must be specific and cannot be prior to da	(optional) to of filing or more than 90 days after filing.) Pursuant to 605.0
nument, a effective q	ed in this block does not meet the applicable are on the Department of State's records.	e of filing or more than 90 days after filing.) Pursuant to 605.03 statutory filing requirements, this date will not be listed
cord specifies a dela	yed effective date, but not an effective time	t 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	, , , , , , , , , , , , , , , , , , , ,	12.01 a.m. on the earner or (b) The 90th day after the
, August 9	***	
ed	2022	
	for to las	
	Signature of a member or authorized	representative of a member
	ardas, MGRM of Foresight Property Services	

Filing Fee: \$25.00