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(Requestor's Name)

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(City/State/Zip/Phone #)

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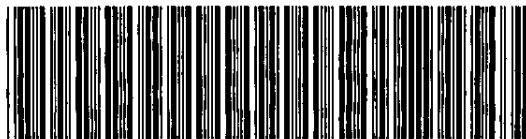
(Business Entity Name)

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S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WPSMre6, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Taila Klepinger

Name of Person

Veil Corporate, LLC

Firm/Company

10421 S. Jordan Gateway STE 600

Address

South Jordan, Utah 84095

City/State and Zip Code

renewals@veil.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Taila Klepinger

877

313-1043

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

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TALLAHASSEE, FL 32301
15 JUN 14 AM 11:32

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WPSMre6, 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 07/15/2014 and assigned
Florida document number L14000111547.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, 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>	<u>Type of Action</u>
AMBR	WPSMHOLDINGS, CORP.	690 S. Highway 89	<input type="checkbox"/> Add
		Jackson, WY 83001	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WPSM SUPER1, LLC	10421 S. Jordan Gateway STE 600	<input checked="" type="checkbox"/> Add
		South Jordan, UT 84095	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Paul Pope	PO Box 7216	<input checked="" type="checkbox"/> Add
		Queanbeyan, NSW 2620 AUS	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALAN

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 9, 2016

[Signature]

Wendy Pope

Typed or printed name of signee