L15000048902

| (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: |
| apasidi matastana ta i ming amasi. |
| |
| |
| |
| |
| |
| |
| |

Office Use Only



900386433019

SECRETARY OF STATE CORPORATIONS
2022 MAY -2 AH 8: LA

JOERINIS JUN 27 2022

COVER LETTER

TO:

Tallahassee, FL 32314

| TO: Registration So Division of Con | | | | | |
|--|--|--|---|--|--|
| | stments, LLC | | | | |
| SUBJECT: | Name of Lim | ned Liability Company | | | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for fiting | | | |
| | ondence concerning this matter | | | | |
| | Tae Shin | | | | |
| | | Name of Person | | | |
| | Shin Law Firm, P.A. | | | | |
| | | Firm/Company | | | |
| | 189 S. Orange Avenue, sui | te 1650S | | | |
| | <u> </u> | Address | | | |
| | Orlando, FL 32801 | | | | |
| | <u> </u> | City/State and Zip Code | | | |
| | tshin@shinlawgp.com | to be used for future annual report noti | Negation \ | | |
| For further information of | concerning this matter, please ca | | includity. | | |
| Tae Shin | | 407 7307814 | | | |
| Name of Person | | at () Area Code Daytim | e Telephone Number | | |
| Enclosed is a check for t | he following amount: | | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Mailing Addre Registration | | <u>Street Address:</u> Registration Se | ction | | |
| Division of C | Corporations | Division of Cor | porations | | |
| P.O. Box 633 | 27 | The Centre of Tallahassee | | | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WG5 Investments, LLC | | | |
|---|---|--|--------------------------------------|
| (Name of the Limi | ted Liability Compa (A Florida Limited | any as it now appears on our Liability Company) | records.) |
| The Articles of Organization for this Limited L Florida document number <u>L15000048902</u> | iability Company | were filed on March 19, | 2015 and assigned |
| This amendment is submitted to amend the following | lowing: | | |
| A. If amending name, enter the new name of | of the limited liab | ility company here: | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the designation | n "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | | 189 S. Orange Avenue, | Suite 1650S |
| | | Orlando, FL 32801 | |
| | | | |
| Enter new mailing address, if applicable: | | 189 S. Orange Avenue. | Suite 1650S |
| (Mailing address MAY BE A POST OFFICE BOX) | | Orlando, FL 32801 | |
| | | | |
| B. If amending the registered agent and/or agent and/or the new registered office addre | ** | address on our records. | enter the name of the new register |
| Name of New Registered Agent: | Tae Shin | | |
| New Registered Office Address: | 189 S. Orange | Avenue, Suite 1650S | |
| | | Enter Florida strec | t address |
| | Orlando | | , Florida <u>32801</u> |
| | | 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 |
|--------------|-------------|-------------|----------------|
| | | | ∐Add |
| | | | □Remove |
| | | | □Change |
| | | | □ Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | <u></u> | Remove |
| | | | □ Change |
| | | | □Add |
| | | | Remove |
| | | | □Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | □ Change |

| | | | _ | | | |
|---|------------------------------------|--|--|---|---------------------------|---------------------------|
| | | | _ | | <u> </u> | _ |
| | | | | | | _ |
| | | | | | | _ |
| | | | | | | |
| <u> </u> | | | | <u> </u> | | |
| | _ | | | | <u>-</u> | |
| | | | | | | _ |
| | | | | | | |
| | | | | | | |
| | | | | | | · |
| | - | | | | | |
| | | | | | | |
| _ | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | _ |
| | | | | | | |
| | | | | | | |
| Effective date, if other than the If an effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I | st be specific and lock does not m | cannot be prior the the cannot be prior to | to date of filing or n ible statutory filir | nore than 90 days a ig requirements, | tler filing.) Pursuant to | 605.0207 (listed as t |
| e record specifies a delayed effecti τd is filed. | ve date, but not | an effective tii | ine, at 12:01 a.m. | on the earlier of | : (b) The 90th day ; | ifter the |
| Dated April 18 | | 2022 | _· | | | |
| | | \frown . | _ | | | |
| | | | | | | |
| | Signature of a n | nember or autho | rized representative | e of a member | | - |

Filing Fee: \$25.00