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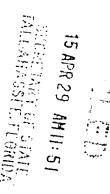
(	(Requestor's Name)	
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•	(City/State/Zip/Phone #	f)
PICK-UP	WAIT	MAIL
(	(Business Entity Name	·)
	(Document Number)	
Certified Copies	Certificates o	of Status
Special Instructions	to Filing Officer:	
PICK-UP	(Business Entity Name (Document Number)  Certificates of	MAIL

Office Use Only



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J. Shivers MAY 0 5 705

## **COVER LETTER**

TO: Registration Se Division of Cor	ection porations	
WDD 4401-	-4433 2nd Avenue, LLC	
SUBJECT.	Name of Limited Liability Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspo	ondence concerning this matter to the following:	
	Marius Ged	
	Name of Person	
	Ellis, Ged & Bodden, P.A	
	Firm/Company	
	7171 North Federal Highway	
	Address	
	Boca Raton, FL. 33487	
	City/State and Zip Code	
	mged@cgblaw.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	concerning this matter, please call:	
Kimone Hall, Paralegal	561 910-8245 at ()	
Name of	of Person Area Code Daytime Telephone Number	_
Enclosed is a check for th	he following amount:	
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee &	Status &

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

(Name of the Limit	ed Liability Comp (A Florida Limited	nany as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Li Florida document number	ability Compan	y were filed on <u>04/23/2015</u>	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited lia	bility company here:	
WDD 4401 & 4433 NW 2nd Avenue, LLC			
The new name must be distinguishable and contain the w	ords "Limited Liab	oility Company," the designation "LLC" of	r the abbreviation "L L.C."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE of the second secon	or registered (	office address on our records,	enter the name of the
registered agent and/or the new registered of	fice address he	<u>re</u> :	PR S
Name of New Registered Agent:	N/A		29 A
New Registered Office Address:		Enter Florida street address	100 H
		. Flori	do -
	<del></del>	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:

Title	<u>Name</u>	Address	Type of Action
	N/A		
			Remove
			Add
			☐ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Remove
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☐ Change

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Page 3 of 3

Filing Fee: \$25.00