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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIŁ
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Certified Copies	_ Certificates	of Status
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COVER LETTER

	Registration Se Division of Cor				
SHRIE	WB Financi	al LLC	·		
SUBJECT:Name of Limited Liability Company					
The encl	osed Articles of a	Amendment and fee(s) are sub	nitted for filing.		
Please re	eturn all correspo	ndence concerning this matter	to the following:		
		Anton Philipp			
		WB Financial LLC	Name of Person		
		715 E Bird Street	Firm/Company		
		Tampa FL 33604	Address		
		ap@wbfinancialadvisors.com	City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notif	ication)	
For furth	ner information co	oncerning this matter, please ca	ill:		
Anton P			786 4366362 at () 		
	Name of	f Person	Area Code Daytime	: Telephone Number	
Enclosed	l is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WB Financial LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our r da Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability (Company were filed on 6/11/2015	and assigned
Florida document number L15000103607	·	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
WB Real Estate Development LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		35 11 10
(Principal office address MUST BE A STREET ADDI	RESS)	
		2 回
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		Service Signature
		5- C
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our rec dress here:	cords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
		_, 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>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Remove
			☐ Change
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Effortive data if other than	- AL - J.A C 6919				
Effective date, if other than fan effective date is listed, the date is seen at its also between the date is seen at its also between the date.	e must be specific and	cannot be prior to	date of filing or more	(optional) than 90 days after filing.) Pursuant to 605 0207 (
Note: If the date inserted in the locument's effective date on t	us block does not m	icet the applicab	le statutory filing re	equirements, this date	will not be listed as t
	ne iseparament of 8	tate 5 records.			
e record specifies a dela	ayed effective d	ate, but not a	an effective tim	e at 12:01 a.m.;	on the earlier of:
The 90th day after the	record is filed.	,		c, at 12101 d.m.	on the carner or
April 5th		2019			
Dated The Sur) 0 0		•		
(1		<u></u>			
	S:		ed representative of	<u> </u>	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00