15000103607

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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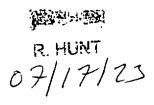
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COVER LETTER

Div	ision of Co	rporations _, ,	. .	• ;				
SUBJECT:	WB Real Estate Development LLC							
Jobs LC1.		Name of Lin	nited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	omitted for filing.					
		ondence concerning this matter						
		Anton Philipp						
			Name of Person					
			Firm/Company	-				
		31 SE 5th Street # 3912						
		Miami FL 33131	Address					
		ap@wbfinancialadvisors.co	City/State and Zip Code		17 P P			
For further in	formation c	E-mail address: (oncerning this matter, please co	to be used for future annual r	eport notification)	PHII: 13 SSEEL FL			
Anton Philip			786 436	6362	· ' 📶 😀			
,	Name of	Person	at () Area Code	Daytime Telephone Nu	mber			
Enclosed is a	check for th	e following amount:						
■ \$25,00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Cert osed) Cert	00 Filing Fee, ificate of Status & ified Copy tional copy is enclosed)			
	ling Addressistration S		Street Ade					
Div	ision of C	orporations	Registrat Division	tion Section of Corporations				
P.O.	. Box 632°	7		tre of Tollahusses				

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WB Real Estate Development 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 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 limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 44199 Highway 27 (Principal office address MUST BE A STREET ADDRESS) Davenport FL 33897 suite 127 Enter new mailing address, if applicable: 44199 Highway 27 (Mailing address MAY BE A POST OFFICE BOX) Davenport FL 33897 suite 127 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 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
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ffective date, if other that an effective date is listed, the date inscrted in ocument's effective date on	ate must be specific this block does no	and cannot be prior of meet the applic	to date of filing or able statutory fil	more than 90 days	optional) after filing.) Pur i, this date will	suant to 605 not be list	5.020 ed a
record specifies a delayed e Lis filed.	ffective date, but i	not an effective ti	ime, at 12:01 a.m	. on the earlier o	of: (b) The 90	th day afte	r the
July 9th		2023	-> ;				
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		f a member or author	orized representati				

Filing Fee: \$25.00