

L15000113898

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

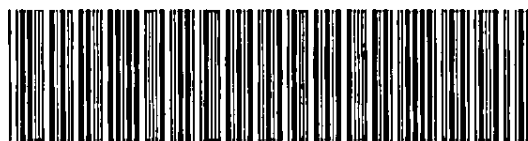
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2019 JUL -2 P 4 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
JUL 10 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WPB RAPALLO 810 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:

GUY RABIDEAU, ESQ.

Name of Person

RABIDEAU LAW

Firm/Company

400 ROYAL PALM WAY, SUITE 404

Address

PALM BEACH, FL 33480

City/State and Zip Code

GRABIDEAU@RABIDEAU-LAW.COM

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

For further information concerning this matter, please call:

GUY RABIDEAU

561 655-6221
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 25, 2019

GUY RABIDEAU
400 ROYAL PALM WAY STE 404
PALM BEACH, FL 33480

SUBJECT: WPB RAPALLO 810 LLC
Ref. Number: L15000113898

We have received your document for WPB RAPALLO 810 LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 719A00012843

RECEIVED
2019 JUL -2 AM 11:23
TALLAHASSEE
FLE

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

FILED

WPB RAPALLO 810 LLC

(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2015 JUL -2 P 3 43

The Articles of Organization for this Limited Liability Company were filed on 07/01/2015

SECRETARY OF STATE
TALLAHASSEE and assigned

Florida document number L15000113898

This amendment is submitted to amend the following:

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

WPB RAPALLO 407 LLC

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated JUNE 7, 2019

Signature of a member or authorized representative of a member

GUY RABIDEAU, ESQ.

Typed or printed name of signee