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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RABIDEAU KLEIN

Account Number : 120200000035

Phone

: (561)655-6221

Fax Number

: (561)655-3221

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WPB RAPALLO 470 LLC

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K. SALY

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COVER LETTER

| | Registration Se Division of Cor | | | |
|-------------|---|--|--|---|
| \$110 IPC | | ALLO 470 LLC | | |
| SUBJEC | ·1: | Name of Lim | ited Liability Company | |
| The enclo | osed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please ret | turn all correspo | ondence concerning this matter | to the following: | |
| | | GUY RABIDEAU | | |
| | | | Name of Person | |
| | | RABIDEAU KLEIN | | |
| | | | Firm/Company | |
| | | 440 ROYAL PALM WAY | , SUITE 101 | |
| | | | Address | |
| | | PALM BEACH, FL 33480 |) | |
| | | | City/State and Zip Code | |
| | | GRABIDEAU@RABIDEA | AUKLEIN.COM to be used for future annual report notification | , |
| For furthe | er information c | oncorning this matter, please o | · | , |
| GARRE | TT ELLIS | | 561 655-6221 at () | |
| | Name o | l Person | at () | hone Number |
| Enclosed | is a check for th | ne following amount: | | |
| □ \$25.0 | 00 Piling Pee | ■ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & C Certified Copy (additional copy is enclosed) | \$60.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed) |
|]] [| Mailing Addres Registration S Division of C P.O. Box 632 Fallahassee, I | Section corporations 7 | Street Address: Registration Section Division of Corporati The Centre of Tallah 2415 N, Monroe Stre Tallahassec, FL 3230 | assee ct, Suite 810 |

Mar. 14, 2025 11:37AM

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WPB RAPALLO 470 LLC

(Name of the Limited Liability Company as it now annears on our records.)
(A Plorida Limited Liability Company)

| 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 "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling 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 | The Articles of Organization for this Limited Liability Company | were filed on 07/01/2015 | and assigned | |
|---|--|-------------------------------------|--------------------------------|--|
| 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 "LLC." 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: | | | | |
| WPB RAPALLO 407 LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: | This amendment is submitted to amend the following: | | | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address here: Name of New Registered Agent: New Registered Office Address: | A. If amending name, enter the new name of the limited liab | ility company here: | | |
| 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: | WPB RAPALLO 407 LLC | | | |
| (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: | The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC | " or the abbreviation "L.L.C." | |
| 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 new principal offices 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: | (Principal office address MUST BE A STREET ADDRESS) | | | |
| (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: | | | | |
| (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: | | | | |
| 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 new mailing address, if applicable: | | | |
| New Registered Office Address: New Registered Office Address: | (Mailing address MAY BE A POST OFFICE BOX) | <u></u> | | |
| New Registered Office Address: New Registered Office Address: | | | | |
| New Registered Office Address: New Registered Office Address: | | | | |
| Name of New Registered Agent: New Registered Office Address: | B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | ddress on our records, <u>enter</u> | the name of the new registered | |
| New Registered Office Address: | | | | |
| New Registered Office Address: | Name of New Registered Agent: | | | |
| New Registered Office Address: Enter Florida street address | · · · · · · · · · · · · · · · · · · · | | | |
| | New Registered Office Address: | Enter Florida street addres | <u>-</u> | |
| *** * * | | | | |
| , Florida | | | | |

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.

No. 0227 P. 4 Mar. 14. 2025 11:37AM If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person, being added or removed from our records: Type of Action MGR = Manager AMBR = Authorized Member <u>Title</u> Address Name □ Remove _____ Change ___ 🗀 Add □Remove __ Change _____ □Add _____ Change □Add __ _ □Remove _____ Change □Add _____ 🗆 Remove _ Change _____ 🗆 Add _____ □Romove

_____ Change

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| Effective date, if other than the | date of filing: | 1 | (option | al) |
| If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the I | lock does not meet the ap | plicable statutory fi | r more than 90 days after the | ate will not be listed as the |
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