L500/32/46

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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TO:

Registration Section

Registration Section

Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Division of Cor	porations			
SUBJECT:	OKEECHO	BEE WPB LLC		
SOUTECT.	Name of Lin	nited Liability Company	· · · · · ·	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	ASMAHAN DAHBALI			
	1987-1-1	Name of Person		
		Firm/Company		
	520 CHRISTINA DR 305	5		五台
		Address		10000000000000000000000000000000000000
	ROYAL PALM BEACH	FL 33414		EB 23 PB
		City/State and Zip Code		-, -
	ESMA423@GMAIL.COM			PH 4: 59
	E-mail address: (to be used for future annual	report notification)	
For further information c	oncerning this matter, please c	all:		22° 0
NAZEER KALACHIKA	N	347 724	4 7680	
Name o	f Person	at () Area Code	Daytime Telephone Nur	mber
B 1 1: 1 1 8 1	6 H			
Enclosed is a check for the	_			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	Certi	0 Filing Fee, ficate of Status &
		(additional copy is enc		fied Copy ional copy is enclosed)
MAIL	ING ADDRESS:	STREET	Γ/COURIER ADDRESS	S:

Registration Section

Division of Corporations Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OKEECHOBEE WPB LLC	
(<u>Name of the Limited Liability Company as it now ap</u> (A Florida Limited Liability Compa	ny)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L15000132146}{L15000132146}$.	08/03/2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compan	y here:
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)	www.
Enter new mailing address, if applicable:	23 [日]
Mailing address MAY BE A POST OFFICE BOX)	
	93 f
	59 28
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the i
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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SHUKRI DAHBALI	100 SUNDANCE COURT	Add
		WINTER SPRINGS FL 32708	■ Remove
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