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COVER LETTER

ro:	Registration Se Division of Cor			A ^T
		OLDINGS LLC		·
SUBJE	ECT:	Name of Lim	nited Liability Company	
The an	alayad Articlas of	Amendment and fee(s) are sub	amittad for filing	
		ondence concerning this matter	-	
		Gina Louise Lopez		
		WCWH HOLDINGS LLC	Name of Person	
		1521 Alton Road #151	Firm/Company	
		Miami Beach, FL. 33139	Address	
		wewhlleproperties@gmail.c		
For fur	ther information c	E-mail address: (to be used for future annual report notificall:	ration)
Gina L	Lopez		305 490,7883	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for t	he following amount:		
□ \$2:	5.00 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

AKTICLES	OF ORG
	OF

WCWH HOLDINGS LLC (Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our recor Liability Company)	rds.)	
The Articles of Organization for this Limited Liability Company Florida document number 1.15000143794	were filed on 08.20.2015	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "Lt	.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1521 Alton Road		
(Principal office address MUST BE A STREET ADDRESS)	#51	5	
	Miami Beach, FL. 33139		
Enter new mailing address, if applicable:	1521 Alton Road	8 15 EE	
(Mailing address MAY BE A POST OFFICE BOX)	#151		
	Miami Beach, FL, 33139	2	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: New Registered Office Address:		ds, enter the name of the nev	
	Enter Florida street address		
	, F	·lorida	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, o provided for in Chapter 605	and I am familiar with and i, F.S. Or, if this document is	

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

ΑM	BR	= A	utho	rized	Me	embei
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<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Gina Louise Lopez	1521Alton Road #151 Miami Beach, FL. 33139	Add
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	02,28.2019	
ective date, if other than the of effective date is listed, the date must be: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable sta	(optional) of filing or more than 90 days after filing.) Pursuant to 605.020 attutory filing requirements, this date will not be listed as
record specifies a delayed he 90th day after the reco		effective time, at 12:01 a.m. on the earlier o
February 28th	2019	
Way no	ignature of a member or authorized re	enresentative of a member
1	abhallife of a menuer or amenasias o	

Page 3 of 3

Filing Fee: \$25.00