Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000290180 3)))



H210002901803ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757 : (407)897-5336 Fax Number

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 WCJ INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	10
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

	3		07/30/2	021	09:2	5 AM	то	: 18506176	6383	FROM:56129342	
			ħ.				COA	ER LETT	CER	* *	•
٦	ro:	Re- Div	gistration Servision of Corp	ction porations							
,	WCJ INVESTMENTS LLC										
3	SUBJE	CI			>	ame of	Limited Li	ability Company			
-	The enclosed Articles of Amendment and fee(s) are submitted for filing.										
ŀ	Please 1	retur	n all correspo	ndence co	ncerning	this ma	atter to the	following:			
							_				
				STEP	HANIE C	ASTR	o ———	. CD			
								Name of Person			22
				ACC	OUNT BC	OKKE	EEPING C				200
								Firm/Company			
				5301	CONROY	r RD, S	STE 140				30
								Address			2021 JUL 30 AM 10: 20
				ORLA	ANDO, FI	L 3281	1				5.2
								/State and Zip C	od e		25.0
				CUST			ORP.CON		nual rep	ort notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:											
	STEPI	1AN ——	TIE CASTRO		.=			407 at (Area Code)	Daytime Telephone Number	
			Name o	f Person				Area Code		Daytine relephone realizer	

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Page: 4 07/30/2021 09:25 AM TO:18506176383 FROM:5612934213

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WCJ INVESTMENTS LLC			
(Name of the Limit	ed <mark>Liability Compa</mark> (A Florida Limited l	nv as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L15000156544	ability Company	were filed on	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		2960 Loopdale Lane	
(Principal office address MUST BE A STREE	T ADDRESS)	Kissimmee, FL 34741	
Enter new mailing address, if applicable:		2960 Loopdale Lane	
(Mailing address MAY BE A POST OFFICE	BOX)	Kissimmec, FL 34741	
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	egistered office ss here: 2960 Loopdale		enter the name of the new register
New Registered Office Address:	2300 Loopdate	Enter Florida street	address
	Kissimmee		, Florida 34741
		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.

Page: 5 07/30/2021 09:25 AM TO:18506176383 FROM:5612934213

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
AMBR	PEREIRA FIGUEIREDO, CARLO	Via Vicenza, 98	
		Santa Barbara d'Oeste , SP 13450-663	□Remove
			\equiv Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□:Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change

		
		 -
		
		
		
		<u>=</u> ~3
		100 1
		JUL 30
		 3
		WH 10: 2
		<u> </u>
ective date, if other than the date of filing:	(optional)	
ective date, if other than the date of filing: reflective date is listed, the date must be specific and cannot be prior to date of filing or more ter. If the date inserted in this block does not meet the applicable statutory filing re cument's effective date on the Department of State's records.	than 90 days after filing.) Pur- equirements, this date will	sum) to 605,0207 (3 not be listed as th
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t is filed.	the earlier of: (b) The 900	h day after the
red JULY 26 2021		
	,	

Typed or printed name of signee