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(Requestor's Name)
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PICK-UP WAIT MAIL
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## COVER LETTER

TO:

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410115 FET #719	RIBRECK	ENRIDGE, LLC		
SUBJECT	:	Name of Limi	ited Liability Company	<del></del>
The enclos	ed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		Paul H. Freeman		
			Name of Person	
		Paul H Freeman, Attorney		
			Firm/Company	
		2455 E. Sunrise Boulevard	l, Suite 200	
			Address	
		Ft. Lauderdale, FL 33304		
			City/State and Zip Code	<del></del>
		freemanph@aol.com		38
12 42 1	. i 6		to be used for future annual report no	iffication)
		oncerning this matter, please ca		
Paul II. Fr	reeman		305 970-0805 at ()	
	Name o	f Person	Area Code Daytii	ne Telephone Number
Enclosed i	s a check for th	ne 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)
	lailing Addres		Street Address: Registration S	ection
	legistration S Division of C	Section Corporations	Division of Co	
P	O. Box 632	27	The Centre of	Tallahassee
Ţ	`allahassee, l	FL 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

RI BRECKENRIDGE, LLC

2022 JAN -3 PM 1: 04

(Name of the Limited Liability Company as it now appears on our records.) IARY OF STATE (A Florida Limited Liability Company) IALLAHASSEE, FLER The Articles of Organization for this Limited Liability Company were filed on APRII. 6, 2016 and assigned Florida document number \_\_\_\_\_1.16000068278 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WP Fund Investments, 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: 2455 E Sunrise Boulevard, Suite 200 New Registered Office Address: Enter Florida street address \_, Florida 33304 Zip Code Ft.Lauderdale Citv

## 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 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>	Type of Action
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	's effective date								
record sp d is filed.	oecifies a delaye	d effective dat	e, but not a	n effective	e time, at 12	2:01 a.m. on	the earlier of	(b) The 90	th day after the
De Dated_	cember 28	_		2021	_				
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		Sign	ature of a me	ember or au	thorized rep	resentative of	a member		
	,	Oign							

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