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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ac | idress) | |
| (Ac | ldress) | |
| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | MAIT | MAIL |
| (Bu | ısiness Entity Nar | me) |
| (Do | ocument Number) | |
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COVER LETTER

| Division of Corporations | |
|---|--|
| SUBJECT: W Pro Investments Lle Name of Limited Liability Company | |
| | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing. | |
| Please return all correspondence concerning this matter to the following: | |
| | |
| Alexander A. Wensjoe Name of Person | |
| | |
| Firm/Company | |
| | |
| 17235 NW 747L | |
| | |
| Hialeah FL 33015 City/State and Zip Code Olexwenstoe amail. Com E-mail address: (to be used for future annual report notification) | |
| City/State and Zip Code | |
| E-mail address: (to be used for future annual report notification) | |
| For further information concerning this matter, please call: | |
| Alexander Wenstoc at (786, 439-6154) Name of Person Area Code Daytime Telephone Number | |
| | |
| Encyosed is a check for the following amount: | |
| 2 \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, | |
| Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | |
| | |

MAILING ADDRESS:

TO:

Registration Section

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

| W Pro | Investm | ents L | LC | | |
|--|--|--------------------------------------|------------------------|--|--|
| (Name of the Limits | ed Liability Company (A Florida Limited Lia | as it now appears of pility Company) | n our records.) | | |
| The Articles of Organization for this Limited Lia Florida document number | | ere filed on Ayo | gust 04,21 | 216 and ass | igned |
| This amendment is submitted to amend the follo | wing: | | | | |
| A. If amending name, enter the new name of | the limited liabilit | y company here: | | | |
| The new name must be distinguishable and contain the wo | rds "Limited Liability | Company," the desig | nation "LLC" or the | abbreviation "L.I | C." |
| Enter new principal offices address, if applica | ble: | | | ······································ | |
| (Principal office address MUST BE A STREET | 'ADDRESS) | | | | = |
| | _ | | | | 7 |
| | | | | 1 | C 200 mag. |
| Enter new mailing address, if applicable: | _ | | | | - James m |
| (Mailing address MAY BE A POST OFFICE B | <u>ox)</u> _ | | | 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 | Y Gran |
| | | ····· | / | * * * * * * * * * * * * * * * * * * * | (** (********************************* |
| B. If amending the registered agent and/or registered agent and/or the new registered offi | | e address on ou | r records, <u>ente</u> | r the name o | f the new |
| Name of New Registered Agent: | Alexand | | Wenst | oe | |
| New Registered Office Address: | 17235 | NW TL Enter Florida s | 1 PL | | |
| | Hialea | | | 3301 | 5 |
| New Registered Agent's Signature, if changing Re | gistered Agent: | City | | Zip Code | |

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, 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 |
|--------------|-------------------|------------------------------|----------------|
| MGR | Delia Gonzalez | | |
| | | 17235 NW 74 PL, Hialeah, 93 | Remove |
| | | | Change |
| MGR | Alexander A. Weny | 40E 17235 NW74 R, Haleal, Fe | 330/J XAdd |
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| (If an effi Note: | ive date, if other than the date of filing: 2/27/2017 (optional) ective date is listed, the date must be specific and cannot be priorite date of filing or more than 90 days after filing.) Pursuant to 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| he rec | ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| Dated_ | April 27 . 2017. |
| | Delie Ginzalez Signature of a member or authorized representative of a member |
| | Delia Gonzales Typod or printed name of signee |

Page 3 of 3

Filing Fee: \$25,00