L16000171359

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





100384847871

04/08/22--01001--008 **150.00



FILED
2022 APR -7 PH 4: 4

APR 0.7 2022 K. Brumbley

CORPORATE

When you need ACCESS to the world

- ACCESS, ____

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

	CERTIFIED COPY		
ХХ	РНОТОСОРУ		
	CUS		
ХХ	FILING	LLC AMENDMENT	
	WSC REFI LLC		
ļ	(CORPORATE NAME AND DOCU	MENT #)	File 157
- (CORPORATE NAME AND DOCU	MENT #)	
	(CORPORATE NAME AND DOCU	MENT #)	
	CORPORATE NAME AND DOCU	MENT #)	
	CORPORATE NAME AND DOCU	MENT #)	
	CORPORATE NAME AND DOCU	JUNT #1	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WSC REFILLC

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appeability Company	ars on <u>our re</u>)	cords.)			
The Articles of Organization for this Limited Liability Company v Florida document numberL16000171359	vere filed on _	Septemb	oer 13, 201	6 an	d assi	gned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liabil WSC REFI FL LLC	ity company l	<u>here</u> :				
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the	designation '	LLC" or the	abbreviatio		C."
Enter new principal offices address, if applicable:				_ <u></u>	202½	
(Principal office address MUST BE A STREET ADDRESS)					APR -	<u>></u>
					PH [03.1- 089.1- 1408.
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)				<u>:::</u>	<u>+</u>	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	ice address (on our rec	oras, <u>ente</u>	r the n	ame d	or the nev
New Registered Office Address:	Enter F	lorida street a	ddress			
			. Florida			
-	City	<u> </u>	1 101104 _	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 procept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance (rovided for in	of my dutie i Chapter (s, and Lan 505, F.S. O	i familio r, if this	ir witi docu	h and ment is
If Chan	ging Registered	Agent, Signa	ture of New	Registere	d Agen	<u></u>

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
			Add
			Remove
			Change
			Remove
			Change
			Remove
			Add
			Remove
			Remove
			Change
			Remove
			Change

). If amen	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_		
_		
_		
_		
_		
_		
_	<u> </u>	
_		
_		
_		
_		
_		
_		
(If an effe Note:	e date, if other than the date of filing: (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and's effective date on the Department of State's records.)7 (3)((s the
If the rec (b) The	rd specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of the day after the record is filed.	of:
Dated _.	April 7	
	/s/ Arthur Bartholomew, Manager Signature of a member or authorized representative of a member	
	Arthur Bartholomew Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00