LICOCO205308

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S Warren NOV 28 2016

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: W 889 LLC 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:
Peuro Pinto Name of Person Speitrum Realty Grap44 4141 NE 2nd Address Migni FC 33137 City/State and Zip Code
E-mail address: (16 be used for future annual report notification)
For further information concerning this matter, please call:
Pells Pints at (305) 921 0972 Area Code Daytume Telephone Number
Enclosed is a check for the following amount:
\$25,00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$55.00 Filing Fee & Certificate of Status \$\Bigcup \$(additional copy is enclosed)\$\$ Certified Copy (additional copy is enclosed)\$\$ 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

W882 LLC	,	
(Name of the Limited Liability (A Florida L	Company as it now appears of imited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L/6000205308</u>		10812016 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here	;
The new name must be distinguishable and contain the words "Limite	•	
The new name must be distinguishable and contain the words "Limite	d Liability Company." the des	gnation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address agent and/or the new registered office address agent and/or the new registered office address agent and/or registered agent and/or the new registered agent		our records, <u>enter the name of the new</u>
New Registered Office Address:		
,	Enter Florid	i street address
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	·	Ziji Ciae
		nacity. I fouther gones to seconds with the
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and conaccept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of m int as provided for in Ch office address, I hereby	y duties, and I am familiar with and apter 605, F.S. Or, if this document is confirm that the limited liability
	II Changing Registered Ager	it, Signature of New Registered Agent
		ি তে প্ৰ

Page 1 of 3

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Change
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Effe	ctive date, if other than the date of filing: (optional) effective 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
dfor a	receive date is risted, the date must be specific and cannot be prior to date of fining of more than 90 days after thing,) ruisdant to 003,020
Note	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
Note	g If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
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Filing Fee: \$25.00