## L16000 206616

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## **COVER LETTER**

SUBJEC	WHKV Inv	estments, LLC				
SOBJEC	·1:	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	turn all correspo	Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:    William Huffman				
		William Huffman				
			Name of Person	<del></del>		
		<del> </del>	Firm/Company	<del></del>		
		111843 Imaginary way				
			Address			
	Orlando FL 32832					
			to be used for future annual report not	(fication)		
For furth	er information co		·			
William	Huffman					
	Name of	f Person		ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
■ \$25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration Se Division of Con The Centre of T 2415 N. Monro	rporations Fallahassee be Street, Suite 810			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHKV Investments, LLc

2021 HOY -8 AH L: 0

(Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 11/10/2016 Florida document number \_\_\_\_\_L16000206616 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 11843 Imaginary Way Enter new principal offices address, if applicable: Orlando, FL 32832 (Principal office address MUST BE A STREET ADDRESS) Same as above 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: New Registered Office Address: Enter Florida street address

## 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.

City

, Florida

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
MGR	Jose A Morales Lebron	11076 Longicaf Woods Dr	■∧dd
		Orlando FL 32832	□Remove
			□Change
			Add
			□Remove
		<del></del>	□Change
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