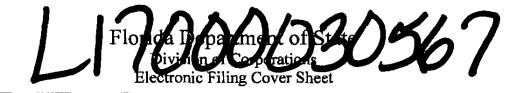
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

Account Number: I20170000034 Phone : (239).689-1096 Fax Number : (239)791-8132

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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COVER LETTER

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SUBJECT:	WKF3117,	LLC ·		
oobleer,		Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		RITA JACKMAN		
			Name of Person	
			**	
			Firm/Company	
		4575 VIA ROYALE STE	200	
			Address	
		FORT MYERS, FL 33919		
			City/State and Zip Code	
		LEGAL@YOUR-ADVOC		
		E-mail address: (to be used for future annual report notif	fication)
For further is	nformation c	oncerning this matter, please co	all:	
RITA JACK	MAN		239 689-1096 at ()	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a	check for th	ne following amount:	•	
□ \$25.00 F	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

WKF3117, LLC		
(Name of the Limited Liabili (A Florid	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 02/07/2017	and assigned
Florida document number L17000030567	······	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		, , , , , , , , , , , , , , , , , , ,
(Principal office address MUST BE A STREET ADDI	RESS)	0
		, , , , , , , , , , , , , , , , , , ,
		,
Euter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	.ay	
B. If amending the registered agent and/or regis		enter the name of the n
registered agent and/or the new registered office add	iress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	-
·	, Flor	
	City	Zip Code

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 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>	Name	Address	Type of Action
AMBR	Kam Fei Wong	728 PINE ISLAND ROAD	
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	,	CAPE CORAL, FL 33991	☐ Change
			Add
			□ Remove
	•	W 1	Change
			□ Add
		,	□ Add
			☐ Change
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fective date, if other than in effective date is listed, the date ote: If the date inserted in the cument's effective date on the	is block does not me	et the applicabl	date of filing or more e statutory filing re	(optional) than 90 days after filing equirements, this date	.) Pursuant to 605.02 will not be listed
record specifies a deia The 90th day after the		ate, but not a	n effective tim	e, at 12:01 a.m.	on the earlier
nted May 14	,	2017_	,		

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May 18, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

WKF3117, LLC 728 SW PINE ISLAND ROAD UNIT 4 CAPE CORAL, FL 33991

SUBJECT: WKF3117, LLC REF: L17000030567

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Stacey M Warren Regulatory Specialist II FAX Aud. #: E17000134590 Letter Number: 517A00009963

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