

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WILVSD, LLC
Name of Limited Liability Company

The enclosed consists of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

RAVENNA MAER
Name of Person
IRA FINANCIAL GROUP
Firm/Company
1688 MERIDIAN AVENUE, SUITE 504
Address
MIAMI BEACH, FL 33139
City/State and Zip Code
1111 BAYVIEW BLVD, SUITE 1000
City/State and Zip Code
Please call if you need any further information.

For further information concerning this matter, please call:

RAVENNA MAER at (**305**) **330-4420**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (with fees, certificate enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (with fees, certificate 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

WLRIVSD, LLC

(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 JUNE 14, 2017 and assigned
Florida document number L17000130155

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 "L.L.C."

Enter new principal office address, if applicable: 3900 STANFORD AVENUE
DALLAS, TX 75225
(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: 3900 STANFORD AVENUE
DALLAS, TX 75225
(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

_____, Florida _____
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

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17 JUN 20 AM 8:49
TALLAHASSEE, 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>	<u>Type of Action</u>
MGR	PATRICIA E. BALLARD	523 TURTLE HATCH LANE	<input type="checkbox"/> Add
		NAPLES, FL 34103	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PATRICIA E. BALLARD	523 TURTLE HATCH LANE	<input checked="" type="checkbox"/> Add
		NAPLES, FL 31403	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 STATE OF FLORIDA
 DEPARTMENT OF
 REVENUE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

FILED 17 JUN 20 AM 8:49 HALL COUNTY CLERK OF COURSE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(Optional) A record may be filed with an effective date other than the date of filing or more than 90 days after filing. Pursuant to 605.0207 (3)(b)...

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JUNE 20 2017

Handwritten signature

Signature of a member or authorized representative of a member

BERGMAN, ORGANIZER

Typed or printed name of signer