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PICK-UP	☐ WAIT	MAIL
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DIVISION OF CARPORALISM

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## **COVER LETTER**

TO: Registration Division of C			
	PROPERTY, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Reinaldo Castellanos		
		Name of Person	
	REINALDO CASTELLA	NOS, P.A.	
		Firm/Company	
	9960 Bird Road		
		Address	
	Miami, Florida 33160		
	rey@castellanoslaw.com	City/State and Zip Code	
		to be used for future annual report non-	fication)
For further information	concerning this matter, please c	all:	
Reinaldo Castellanos		305 223-8744	
Name	of Person	at () Area Code Daytime	e 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 (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

WDBC PROPERTY, 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 July 28, 2017 and assigned Florida document number  $\frac{1.17000161570}{}$ 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." 9960 BIRD ROAD, MIAMI, FL 33165 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 9960 BIRD ROAD, MIAMI, FL 33165 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

If Changing Registered Agent, Signature of New Registered Agent

. Flørida

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
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Effective date, (If an effective date Note: If the date document's effective date document's effective date and document's effective date.	if other than the is listed, the date mu is inserted in this bi ctive date on the D	fock does not me	eet the applicab	date of filing or de statutory fil	more than 90 day ng requirement	(optional) is after filing.) Purs is, this date will r	aunt to 605.0 tot be listed	)207 ( 1 as t
the record spe ) The 90th da	cifies a delayed y after the rec	d effective da ord is filed.	ite, but not	an effective	time, at 12:	:01 a.m. on th	ne earlier	of:
Dated July 5	_	·	2018	·				
		9	Zatill	uen				
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		Signature of a me	ember or authori	zed representativ	e of a member			

Page 3 of 3

Filing Fee: \$25.00