## 117000191422

| (Requestor's Name)                      |
|---|
| (Address)                               |
| , , ,                                   |
| (Address)                               |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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Office Use Only



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NUMBER OF STATE

117 NOV -2 AM 11: 15

K. SALY NOV - 3 2017

## **COVER LETTER**

|                  | Registration Sec<br>Division of Corp   |  |   |  |  |  |
|------------------|--|--|---|--|--|--|
| cub iec          |  | nterprises LLC                               |   |  |  |  |
| SUBJEC           | ':   |  |   |  |  |  |
| The enclos       | sed Articles of A  | Amendment and fee(s) are subt                | nitted for filing.  |  |  |  |
| Please rett      | um all correspo  | ndence concerning this matter t              | to the following:   |  |  |  |
|                  |  | Patrick Keane                                |   |  |  |  |
|                  |  | · · · · · · · · · · · · · · · · · · ·        | Name of Person  | ·  |  |  |
|                  | Name of Person  WK One Enterpreses LLC  Firm/Company  6850 Lyons Technology Circle |  |   |  |  |  |
| Firm/Company     |  | <u></u>                                      |   |  |  |  |
|                  |  | 6850 Lyons Technology Circle                 |   |  |  |  |
|                  |  | Address                                      |   |  |  |  |
|                  |  | Coconut Creek, FL 33073                      |   |  |  |  |
|                  |  | City/State and Zip Code                      |   |  |  |  |
|                  |  | ekeane@caldevelopment.com                    |   |  |  |  |
|                  |  |  | o be used for future annual report notifica                         | ation)   |  |  |
| For furthe       | r information co   | oncerning this matter, please ca             | dl:   |  |  |  |
| Patrick Ke       | eane   |  | 561 313-3926  |  |  |  |
|                  | Name of  | f Person                                     | at ()<br>Area Code  | elephone Number  |  |  |
| Enclosed i       | is a check for th  | e following amount:                          |   |  |  |  |
| <b>■</b> \$25,00 | 9 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:

TO:

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

2017 NOV-2 AM 11: 19

WK One Enterprises LLC

company has been notified in writing of this change.

(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 Compar          | ıy were filed on <u>9/13/2017</u>   | and assigned                      |
| Florida document number L17000191422                                    |                                     |                                   |
| This amendment is submitted to amend the following:                     |                                     |                                   |
| rms amendment is submitted to amend the following.                      |                                     |                                   |
| A. If amending name, enter the new name of the limited lia              | bility company here:                |                                   |
| The new name must be distinguishable and contain the words "Limited Lia | bility Company," the designation "L | .LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                     |                                     | ··· -                             |
| (Principal office address MUST BE A STREET ADDRESS)                     |                                     |                                   |
|   |                                     |                                   |
|   |                                     |                                   |
| Enter new mailing address, if applicable:                               |                                     |                                   |
| (Mailing address MAY BE A POST OFFICE BOX)                              |                                     |                                   |
|   |                                     |                                   |
|   |                                     |                                   |
| B. If amending the registered agent and/or registered                   |                                     | rds, enter the name of the        |
| registered agent and/or the new registered office address he            | <u>ere</u> :                        |                                   |
|   |                                     |                                   |
| Name of New Registered Agent:   | ·                                   |                                   |
| New Registered Office Address:  |                                     |                                   |
|   | Enter Florida street add            | lress                             |
|   | , Florida                           |                                   |
|   | City                                | Zip Code                          |
| New Registered Agent's Signature, if changing Registered Agen           | <u>t:</u>                           |                                   |
| I hereby accept the appointment as registered agent and ag              | rree to act in this capacity. I     | further agree to comply with      |
| provisions of all statutes relative to the proper and complet           | te performance of my duties,        | and I am familiar with and        |
| accept the obligations of my position as registered agent as            | provided for in Chapter 60          | 5, F.S. Or, if this document i.   |

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

\*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 |
|--------------|----------------|------------------------------|----------------|
| AMBR         | Declan Wilmott | 6850 Lyons Technology Circle | Add            |
|              |                | Coconut Creek, FL. US 33073  | ■ Remove       |
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| ctive date, if other than the effective date is listed, the date must   | date of filing:  be specific and cannot be prior to date o | <b>option</b> I filing or more than 90 days after fil | <b>al)</b><br>ing.) Pursuant to 605.02 |
| e: If the date inserted in this blo<br>ament's effective date on the De | ock does not meet the applicable stat                      | utory filing requirements, this d                     | ate will not be listed a               |
| ament's criective date on the 196                                       | partition of state s records.                              |   |  |
| ecord specifies a delayed   | effective date, but not an ef                              | fective time, at 12:01 a r                            | n, on the earlier                      |
| ne 90th day after the reco  |  | receive enricy de 12102 di                            | m on the come                          |
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| October 31st  | 2017   |   |  |
| D.  | Louis Man  |   |  |
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Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00