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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JONES FOSTER P.A.

Account Number : 076077003231 : (561)650-0471 Phone : (561)650-5300 Fax Number

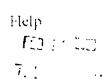
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEG ARKANSAS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEG ARKANSAS, LLC		
(Name of the Limited Liability Company as it now an (A Florida Limited Liability Compa	pnears on our records.)	
The Articles of Organization for this Limited Liability Company were filed or	n 12/15/2017 and assign	ed
Florida document number L17000256708		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability compan	ı <u>y here</u> :	
WEG PARAMOUNT, LLC		
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 offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	~* C3	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u>wa</u>	
	(2)	
	·., —	~:
B. If amending the registered agent and/or registered office address on o	our records, enter the name of the new r	egister
agent and/or the new registered office address here:	, φ	
Name of New Registered Agent:		
New Registered Office Address:		
Ente	er 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 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
			□Add
			□Remove
			Change
			DAdd
			□Remove
			Change
			Cladd
			□Remove
			□Add
-			Remove
			Change
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			□Add
			Remove
			□Change

Effective date, if other than the date of filing: Optional) One effective date, if other than the date of filing: Optional (Date date in first date man) is specific and cannot be prior to date of filing or man; then 90 days after (filing) Passum is ond a 200 More; If the date interted in this black does not need the applicable staturery filing requirements, this date will not be lived as document's effective date on the Department of State's records: 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 ord is filed. Dated FEDRUARY 7 2021 Jan. Dated FEDRUARY 7 2021		
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