

2/25/2021

Division of Corporations

L17000256708

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000078647 3)))



H210000786473ABC?

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

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

Email Address: jfservice@jonesfoster.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEG PARAMOUNT, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

* SALV

FEB 25 2021

Electronic Filing Menu

Corporate Filing Menu

Help

H21000078647 3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WEG PARAMOUNT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2021 FEB 25 PM 5:33
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/15/2017 and assigned
Florida document number L17000256708.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WEG ARKANSAS, 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)

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

City

Florida

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

H21000078647 3

H21000078647 3

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>
			<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
			<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

FILED
FEB 25 PM 5:33
FEDERAL RESERVE BANK
ATLANTA, GA

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

G. Effective date, if other than the date of filing: _____ (optional)
 _____ (date of filing or more than 90 days after filing)

Effective date, if other than the date of filing: _____ (optional)
If an effective date is used, the date must be specific and cannot be more than 90 days after filing. Pursuant to 35 U.S.C. 102(b), if an effective date is used, it does not cure the applicable statutory filing requirements; this date will not be listed as the

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective date, at 12:01 a.m. on the earlier on the 30th day after the record is filed.

Date: FEBRUARY 25 2021

Signature of a member or authorized representative of a member:

LARRY B. ALEXANDER, AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

H21000078647 3

Filing Fee \$25.00