## L17000261965

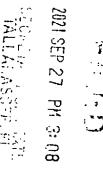
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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

WCN UNICORN INVESTMENTS LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: **KURT CHANA** Name of Person Firm/Company 188 S. SHADOWBAY BLVD. Address LONGWOOD, FLORIDA 32779 City/State and Zip Code KURT.CHANA@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 832-0679 KURT CHANA Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## WCN UNICORN INVESTMENTS LLC

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

(A Florida Limited L	iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L17000261968	were filed on 12/26/201	7	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designati	on "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			- 3 -
			171 SEP
Enter new mailing address, if applicable:		7.0	. 2
(Mailing address MAY BE A POST OFFICE BOX)			·
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records	, enter the name o	<u>्र</u> े
Name of New Registered Agent:			
New Registered Office Address:			
i	Enter Florida street address		
<del></del>	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	City		Lip Cone
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my du rovided for in Chapte	ties, and I am fam r 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	KURT CHANA	188 S. SHADOWBAY BLVD	<b>=</b> Add
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an effection ocume record is file	tive date is listed, the date must be f the date inserted in this block ht's effective date on the Depa specifies a delayed effective d	k does not meet the applic artment of State's records	i.			
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Filing Fee: \$25.00