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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W8.COM LLC

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Registration Section TO: Division of Corporations W8.COM 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: STEPHANIE CASTRO Name of Person ACCOUNT BOOKEEPING CORP FimvCompany 5301 CONROY RD STE 140 Address ORLANDO FL 32811 City/State and Zip Code CONTROL@ABKCORP.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: STEPHANIE CASTRO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, ☐ \$55,00 Filing Fee & ☐ \$30.00 Filing Fee & **\$25.00** Filing Fee Certificate of Status Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is cuck. STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassec, FL 32301

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10/7/2019

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ARTICLES OF ORGANIZATION **OF**

W8.COM LLC	<u> </u>
(Name of the Limited Lini (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number L18000248486	y Company were filed on 10/23/2018 and a
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the l	imited liability company here:
WAAP INVESTMENTS ENTERPRISES LLC	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET AD	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office r	egistered office address on our records, <u>enter the nac</u> address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
_	City Zip Co
New Registered Agent's Signature, if changing Regist	ered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this de being filed to merely reflect a change in the registered office address, I hereby confirm that the limited lia company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered

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Page: ameticing 19/17/2019 and 9 a 24 o AMed to Train 185 261 763 83 c. a FROM in 5612934 713 a person or removed from our records:

MGR = Manager AMBR = Authorized Member

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		ignature of a member or a	ithonized representative of	i a member

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10/7/2019

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