9/14/21, 3:50 PM

Page: 2 olio 2001/09-14 (4:59:40 CST) 195/2090845 From Rahae McCra

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

-maii	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

W MANAGEMENT, LLC

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

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FILED

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	W MANAGEMENT, LLC	
(Name of the Limit	ed Liability Company as it now appea (A Florida Limited Liability Company)	ars on our records.)
The Articles of Organization for this Limited L	iability Company were filed on $rac{N}{2}$	ovember 19, 2018 and assigned
Florida document number L18000267123		
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company h	<u>ere</u> ;
The new name must be distinguishable and contain the vi-	cords "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) R. If amouding the registered agent and/or a		records, enter the name of the new registered
agent and/or the new registered office addre		50° Z
Name of New Registered Agent:	Lior Isaac Amram	
New Registered Office Address:	16047 Collins Avenue, Suite 34	04
The state of the s	Enter Fl	orida street address
	Sunny Isles Beach	, Florida 33160
	City	Zip Coxle

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.

/s/ Lior Isaac Amram

Ta: +18506176383

Page: 4 of 5

2021-09-14 14:51:40 CST

19542080845

From: Ranae McGri

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
MGR	Gavin Wolfe	16047 Collins Ave., Suite 3404	
		Sunny Isles Beach, FL 33160	В Келюче
			□ Change
MGR	Lior Isaac Amram	16047 Collins Ave., Suite 3404	■Add
		Sunny Isles Beach, FL 33160	□Remove
			Change
			□Add
			□Remove
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			□ Change

Page: 5 of 5

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