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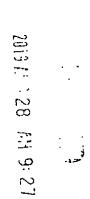
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R WATE

COVER LETTER

Div	ision of Cor	porations	w ^e	
SUBJECT:	WF COAS	TAL FLOW CARROLLWOO	D COMMONS, LLC	
SOBJECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		JOSEPH C. WASCH		
		WASCH RAINES, LLC	Name of Person	
			Firm/Company	
		2500 N. MILITARY TRA	, ,	
			Address	
		BOCA RATON, FL 33431	I	
		JWASCH@WASCHRAIN		
		E-mail address: (to be used for future annual report notif	ication)
For further in	nformation c	oncerning this matter, please ea	all:	
JOSEPH C.	WASCH		561 693-3221	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a	i check for th	ne following amount:		
■ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



2019 / 1 2 2 8 AM 9: 27

WF COASTAL FLOW CARROLLWOOD COMMONS, LLC

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

i
and assigned
or the abbreviation "L.L.C."
enter the name of the n
da
Zip Code
• ·

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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being ador removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
-			Add
			□ Remove
			Change
			□ Remove
			Change
			□ Remove
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		<u></u>	
			□ Remove
			☐ Change
			Add
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			☐ Change

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(If an effecti Note: If t	date, if other that we date is listed, the date the date inserted in a seffective date on	ite must be specific this block does n	and cannot be poor and cannot be poor	plicable statute	ing or more than ory filing requir	(optional) 90 days after filing, ements, this date) Pursuant to 605.0207 will not be listed as
	d specifies a de Oth day after the			not an effe	ctive time, a	t 12:01 a.m.	on the earlier of
Dated AU	JGUST 27		2019				
		M. C.	Vasck	2	sentative of a mer	nher	
				шиописа герге	emanye of a mei	поет	
	JOSÉPILE WAS						

Page 3 of 3

Filing Fee: \$25.00