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Division of Corporations

Fax Number : (850) 617-6383

Prom:

Account Name : SWART BAUMRUK & COMPANY, LLP

Account Number : 120000000291 Phone : (407) 847-7466 : (407)847-6641 Fax Number

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

| Email. | addrage: | | | |
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WG6 HOLDINGS, LLC

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T. LEMIEUX

Fax: (850) 617-6383 Page: 2 of 4 10/28/2019 2:13 PM From: Candy McDonah Fax: 13214025154 (((H19000318444 3))) ARTICLES OF AMENDMENT FILED TO ARTICLES OF ORGANIZATION 2019 OCT 28 P 2:30 OF WG6 Holdings, LLC (Name of the Limited Liabibty Company as it now appears on our records) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on <u>L19000093663</u> and assigned Florida document number April 4, 2019 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

.

Enter Plarida street address

____, Florida __

Page 1 of 3 (((H19000318444 3))) From: Candy McDonah

Fax: 13214025154

To:

Fax: (850) 617-6383

Page: 3 of 4

10/28/2019 2:13 PM

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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> | Namç | Address | Type of Action |
|--------------|---------------|----------------------------|----------------|
| AMBR | Charles Levin | 3724 Vineland Road Unit #3 | Add |
| | | Orlando, FL 32811 | XX Reimove |
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Fax: (850) 617-6383 10/28/2019 2:13 PM From: Candy McDonah Fax: 13214025154 Page: 4 of 4 (((H19000318444 3))) D. If amending any other information, enter change(s) here: (Anach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) 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 time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. October 21 Dated thre of a member or authorized representative of a member Matthew Levin Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

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