Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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TO:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 : (888)491-1120 Phone : (954)333-4242 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 Address: LAUREN. GALVANI @ GMLAW. (VM

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WORD ILC

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	Certificate of Status	0
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	Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WOEO, LLC		
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Anicles of Organization for this Limited Liability Com Florida document number <u>L19000246126</u>	npany were filed on September 30, 2019	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	i liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company." the designation "LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>	20 2
Francisco addense if applicables		TO JAN
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		7
		50
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the nar</u>	ne of thomew registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	<u> </u>
	Сіцу	Zip Code

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.

4/005 Fax Server

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
AR	Bark Property Management LLC	5300 BROKEN SOUND BOULEVARD NW	 Add
		SUITE 110	□Remove
		BOCA RATON, FL 33487	□Change
AR	Michele Beach	5300 BROKEN SOUND BOULEVARD NW	≣Add
		SUITE 110	⊔Remove
		BOCA RATON, FL 33487	Change
			🗀 Add
			□Remove
			Change
			DAdd
			□Remove
			□ Change
			□∧dd
			Remove
			Change
			🖸 Add
			□ Remove
			∏ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	(ontional)
No.	ctive date, if other than the date of filing:
the rec	ord 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 filed.
45-	January 11 2020
Date	
1	
(Signature of a member or authorized representative of a member

Filing Fee: \$25.00