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(Requestor's Name)
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07/11/23--01019--005 **25.00

18 PH 9: 58 CALLERY OF STATE

R. HUNT

COVER LETTER

TO:

TO: Registration S Division of Co			*			
SUBJECT:	WILD B EN	T, LLC				
	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	<u>Krysta</u>	Name of Person		2023	ac an	
	ıWi	LD B ENT, LLC	ユー 		;	
	1614 N	largate are	Y OF STA ASSEE, FI	PH 9: 58		
	Orland	City/State and Zip Code		6		
	KPEXP E-mail address: (R@GMail CON to be used for future annual report notifi	cation)			
For further information of	concerning this matter, please c	all:				
Kiystal Name o	PCUNCS of Person	at (<u>321</u>) <u>314 -</u> Area Code Daytime	Telephone Number			
Enclosed is a check for t	he following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified Copy	Certificate of Status &		
Mailing Addre Registration		Street Address: Registration Sec	tion			
Division of C P.O. Box 632	Corporations	Division of Corp The Centre of Ta	orations			
Tallahassee,			Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILDBE	NT, LLC			-	
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our rec bility Company)	: :			
The Articles of Organization for this Limited Liability Company w	ere filed on $10/29$	19	_ and a	ssigned	
Florida document number <u>LIGUU 270305</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ty company here:				
WB GIODAL, LLC					
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "l	LLC" or the abbre	eviation '	L.L.C."	
Enter new principal offices address, if applicable:			<u>.</u>		
(Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		22		
		·	رين ا		
Enter new mailing address, if applicable:		27 Du			
(Mailing address MAY BE A POST OFFICE BOX)		Sign The sign of the sign of t	70	₹"	
(Mailing address MAY BE A POST OFFICE BOX)			9.		
			58		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our records, <u>en</u>	ter the name o	of the n	<u>ew registere</u>	
Name of New Registered Agent:					
,			•		
New Registered Office Address:	Enter Florida street ad	dress			
	. Florida				
	City		Zip Cod	le .	
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree					
provisions of all statutes relative to the proper and complete p		-			
accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office as					

company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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	<u> </u>	H	-8	
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lf an ci Note:	ive date, if other than the date of filing:	g.) Pu	irsuant to I not be	o 605.0207 e listed as
e reco d is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Thed.	'he 90	0th day	after the
Dated	april dine 6. 2003.			
	Signature of a member or authorized representative of a member			-
	, ,			

Filing Fee: \$25.00