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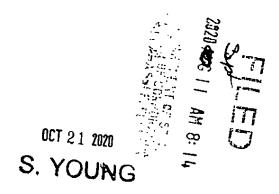
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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	WBLB PRO	OPERTIES, LLC	
SOBVECT.	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JAMES S. LUPINO, ES	<u> </u>	
		Name of Person	
	HERSHOFF LUPINO &	YAGEL, LLP	
		Firm/Company	-
	88539 OVERSEAS HIG	HWAY	
		Address	
	TAVINIER, FL 33070		
	12.2	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notif	(ication)
For further information co	oncerning this matter, please ca	all:	
GABRIELLE PEREY	RA	305 852-8440	
Name of	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	\$60.00 Filing Fee.
\$25,00 Tilling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	· ·	Street Address:	
Registration S	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WBLB PROPERTIES, LLC (Name of the Limited Liability 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 12/06/2019 ____ and assigned Florida document number L1900297874 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 "L.L.C." 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 Office Address: Enter Florida street address

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.

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	Address	Type of Action
_MGR	BELL, WAYNE	158 MILANO DRIVE	MAdd
		ISLAMORADA, FL 33036	□Rentove
			□Change
MGR BELL, LYNN	BELL, LYNN	158 MILANO DRIVE	(
		ISLAMORADA, FL 33036	□Remove
			□Change
			□Remove
			□ Change
			□Add
			Remove
			□Change
			Remove
			□Change
			□Add
			□Remove

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Tective in effect	chate, if other than the date of filing: (optional) ive 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 605.026 the date inserted in this block does not meet the applicability of filing for more than 90 days after filing.)
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at a effective date on the Department of State's records.
ecord s is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ited_	2-2-20 Signature of a member or authorized representative of a member
_	Mayne Bell Signature of a member or authorized representation of

Filing Fee: \$25.00