## L19000305508

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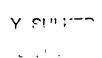
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2019 DEC 30 PH 三 1089 DTC 37 FT ID 5



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

WCT Development, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
!	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
o.g.,u.a. c	Vehicle Search
	Driving Record
Requested by: Seth 12/30/19	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WCT DEvelopment, LLC			
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	oer 23, 2019	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim WCT Development Holding, LLC	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	tion "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		r	7 2019 PEC
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our record	ls, <u>enter the name</u>	~ 0
Name of New Registered Agent:		ر نو نو	PH 22 D
New Registered Office Address:		5.	80
	Enter Florida str	veet address	
	<b>7</b> :	, Florida	7/ 0 1
	City		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.

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 = Mar AMBR = Au	anager uthorized Member		
<u>Title</u>	` <u>Name</u>	Address	Type of Action
			□Remove
			□Change
<del></del>			□Add
			Remove
			□Add
			□Remove
			□Change
***************************************			□Add
			□Remove
			Change
<del></del>		<del></del>	□Add
			□Remove
			□Change
<del></del>			□Add
			∏Remove

□ Change

If amending any other informatio	n, enter change(s) here: (Attach additional	I sheets, if necessary.)
-		
	<u> </u>	
	January, 1, 2020	
Effective date, if other than the date of an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Department.	specific and cannot be prior to date of filing or more to does not meet the applicable statutory filing recomment of State's records.	(optional) han 90 days after filing.) Pursuant to 605.0207 (quirements, this date will not be listed as t
record specifies a delayed effective d	ite, but not an effective time, at 12:01 a.m. on th	he carlier of: (b) The 90th day after the
DECEMBER 30 Dated	2019	
	/S/ Wiverson Carlos Trecen	ti
	nature of a member or authorized representative of a	member
WIVERSON CARLOS TI	ECENTE AMOD	

Filing Fee: \$25.00