L2000000L857

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2.5)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200418012992

2023 OCT 27 AM 10: 30

RECEIVED

SOLUCI 27 4H IO: 1

CT CORP

(850) 656- 4724 3558 lakesore Drive Tallahassee, FL 32312

10/27/2023

Date:

4: 1 DW

	Acc#I201600000	072
Name:	WABU, LLC	
Document #:		
Order #:	15190425	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of		
Apostille/Notarial Certification:	Country of Destination	on:
Filing: 🗸	Certified: Plain: COGS:	Email Address for Annual Report Notifications:
Availability Document Examiner Updater Verifier Ref#	Amount: \$ 55.00	

Thank you!

COVER LETTER

TO: Registration Se Division of Cor			
WABU, LL	С		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concurning this matter	to the following:	
	Nikki Tsimbidis		Daytime Telephone Number &
	-	Name of Person	
	Akin		
		Firm/Company	
	2001 K Street N.W.		ame of Person irm/Company Address tate and Zip Code d for future annual report notification) at () Area Code Daytime Telephone Number 55.00 Filing Fee & Certified Copy additional copy is enclosed) Street Address:
		Address	
	Washington, DC 20006		
	 	Name of Limited Liability Company endment and fee(s) are submitted for filing. mee concerning this matter to the following: Nikki Tsimbidis Name of Person Akin Firm/Company 2001 K Street N.W. Address Washington, DC 20006 City/State and Zip Code E-mail address: (to be used for future annual report notification) erning this matter, please call: at (
	E-mail address: (to be used for future annual report notifi	Daytime Telephone Number Be Daytime Telephone Number Great Cortificate of Status & Certified Copy Second Cortificate Copy Certified Copy
For further information c	concerning this matter, please c	all:	
		at ()	Talashaga Number
Name o	Name of Person Akin Firm/Company 2001 K Street N.W. Address Washington, DC 20006 City/State and Zip Code E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: Name of Person at () Name of Person Area Code Daytime Telephone Number d is a check for the following amount: 6.00 Filing Fee Certificate of Status Certificate of Status & Certificat Copy (additional copy is enclosed) Certificate Of Status & Certificat Copy Certificate Of Status & Certificat Copy Certificate Of Status & Certificat Copy		
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration		Street Address: Registration Sec	tion

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F/LED 2023 OCT 27 AM 10: 30

WABU, LLC

ame of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Lia	bility Company as it now appears on our	records.)
(A Fid	maa ammea maomiy Company)	TALLAHASSEE FLORIDA
The Articles of Organization for this Limited Liabilit	y Company were filed on January 8,	2020 and assigned
amendment is submitted to amend the following: f amending name, enter the new name of the limited liability company here: ew name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." r new principal offices address, if applicable: Cipal office address MUST BE A STREET ADDRESS Company Company		
This amendment is submitted to amend the following	;;	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and contain the words "	Limited Liability Company," the designation	on "L.I.C" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	ı	
		enter the name of the new registered
agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida stree	t address
		, Florida
	City	, F1011Cla 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 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
MGR	PIRTEK USA LLC	300 Gus Hipp Boulevard	Add
		Rockledge, FL 32955	■Remove
			□Change
MGR	Pirtek PEP Holdeo, LLC	2601 Olive Street, Suite 1400	≣ Add
		Dallas, Texas 75201	□Remove
			□Change
		***	□Add
			□Remove
			□Change
			□∧dd
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Changa

	<u> </u>						_
	<u></u>		-				
			,				_
		. <u> </u>					
		-					
							
	<u> </u>						_
							<u> </u>
							_
					코.	2023	
					VII.	<u> </u>	-
					HASSE	1 27	
					顶 <u>C.</u>	30=	
					EE, FLORIOA		
<u> </u>					ID'.	<u>ယ</u>	
							_
ffective date, if other than th	ne date of filing:			(opti	onal)		
an effective date is listed, the date n Sote: If the date inserted in this	ust be specific and cann	ot be prior to date of	of filing or more that tutory filing requ	n 90 days after irements, thi	filing.) P s date wi	ursuant to ill not be	605.020 listed a
locument's effective date on the	Department of State	s records.					
record specifies a delayed effect	ive date, but not an e	ffective time at	12:01 am on the	earlier of: (b) The 9	90th day :	after the
d is filed.	care, our nor an e			(0	,		•
October 26	20)23					
\at.id							
Alted	· -	_	 -				
	Signature of a memb	155	<u> </u>				_

Filing Fee: \$25.00