L20000097791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2022 MAY 16 PM 6:32
SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAY 23 2022

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WTA Investments, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Khouri
Name of Person

Firm/Company

880 Mandalay Avenue #S1007
Address

Clearwater, Florida 33767
City/State and Zip Code

Joe@JoeKhouri.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Khouri at (630) 9013242
Name of Person — Area Code — Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $25.00 Filing Fee

☒ $30.00 Filing Fee & Certificate of Status

☐ $55.00 Filing Fee & Certified Copy
(additional copy is enclosed)

☐ $60.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 MAY 16 PM 6:32

SECRETARY OF STATE
TALLAHASSEE, FL

WTA Investments, 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 04/06/2020 and assigned Florida document number L20000097791.

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)

[redacted]

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

880 Mandalay Avenue
#S1007
Clearwater, Florida 33767

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: Joseph Khouri

New Registered Office Address: 880 Mandalay Avenue #S1007
Enter Florida street address

Clearwater, **Florida** 33767
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 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

Title	Name	Address	Type of Action
AMBR	Joseph Khouri	880 Mandalay Avenue	■ Add
		#S1007	☐ Remove
		Clearwater, Florida 33767	☐ Change
AMBR	Hassan Waez	PO BOX 76042	☐ Add
		TAMPA, FL 33675	■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 05/12/2022

Signature of a member or authorized representative of a member

Joseph Khouri

Typed or printed name of signee

RECEIVED

2022 MAY 16 PM 2:12

SECRETARY OF STATE
TALLAHASSEE, FL

FLORIDA DEPARTMENT OF STATE
Division of Corporations

JOSEPH KHOURI
3025 W KENNEDY BLVD
TAMPA, FL 33609

SUBJECT: WTA INVESTMENTS, LLC
REF Number: L22000297791

We have received your document for WTA INVESTMENTS, LLC and your check(s) totaling $25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION and the entity type FLORIDA LIMITED LIABILITY COMPANY. Please correct and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist III

Letter Number: 722A00015068

Amendment Section
Division of Corporations, P.O. Box 6327, Tallahassee, Florida 32314

FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 5, 2022

JOSEPH KHOURI
3023 W KENNEDY BLVD
TAMPA, FL 33609

SUBJECT: WTA INVESTMENTS, LLC
Ref. Number: L20000097791

We have received your document for WTA INVESTMENTS, LLC and your check(s) totaling $35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA PROFIT CORPORATION, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 722A00010368