1977900005

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

Office Use Only



600388599346

07/02/20--01019--016 **25.00

PILED

2022 HAY 23 PM 4: 4:
SECRETARY OF STATE
TALLAHASSES

A. BUTLER JUN 13 2022

COVER LETTER

Registration Section'

TO:

Division of Cor	porations		
WTA INVESUBJECT:	ESTMENTS, LLC		
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JOSEPH KHOURI		
		Name of Person	·
		Firm/Company	.
	3023 W KENNEDY BLV	D	
		Address	
	TAMPA, FL 33609		
		City/State and Zip Code	-
	E-mail address: (to be used for future annual report not	ification)
For further information of	oncerning this matter, please c	all:	
CHIP WILLIAMS		813 765-0761 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of T	rporations
Tallahassee, F	FL 32314		e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 HAY 23 PM 4: 45

WTA INVESTMENTS, LLC

(Name of the Limited Liability Company as it now appears of	n our records.) Sign of the
(Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)	MLLAHOSE SIATE

The Articles of Organization for this Limited I	Liability Company	were filed on $\frac{04/0}{}$	6/2020 and assigned		
Florida document number L20000097791	 .		·		
This amendment is submitted to amend the fol					
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and contain the	words "Limited Liab:	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if appli	cable:				
(Principal office address MUST BE A STREE	ET ADDRESS)		101111		
Enter new mailing address, if applicable:		3023 W KENNEI	DY BLVD		
(Mailing address MAY BE A POST OFFICE	BOX)	TAMPA, FL 3360)9		
B. If amending the registered agent and/or agent and/or the new registered office address and a Name of New Registered Agent:			ords, enter the name of the new registered		
Name Regulatored Office Addresses	3023 W KENN	EDY BLVD			
New Registered Office Address.	New Registered Office Address: 3023 W KENN		Enter Florida street address		
	TAMPA		Florida ³³⁶⁰⁹ Zip Code		
			Zip Code		
New Registered Agent's Signature, if changing	Registered Agent:	<u>.</u>			
I hereby accept the appointment as registery provisions of all statutes relative to the propaccept the obligations of my position as regularing filed to merely reflect a change in the company has been notified in writing of this	per and complete istered agent as pregistered office	performance of m provided for in Ch	y duties, and I am familiar with and apter 605, F.S. Or, if this document is		
	If Cha	nging Registered-Ageh	t. 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
AMBR	HASSAN WAEZ	PO BOX 76042	
		TAMPA, FL 33675	■Remove
		<u> </u>	□ Change
AMBR	JOSEPH KHOURI	3023 W KENNEDY BLV	≅ Add
		TAMPA, FL 33609	□Remove
			Change
			□Add
			Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Change

			<u> </u>	
,	· · · · · · · · · · · · · · · · · · ·			
			<u> </u>	
			_ .	
	_	,		
				.,, ·
			· · · · · · · · · · · · · · · · · · ·	
				
			· <u>-</u> -	
ctive date, if other than the effective date is listed, the date must	ock does not meet the applic	able statutory filing rec	(optional) han 90 days after filing quirements, this date) .) Pursuant to 605,02 will not be listed
e: It the date inserted in this blo iment's effective date on the De				
iment's effective date on the De ord specifies a delayed effective	e date, but not an effective to	ime, at 12:01 a.m. on th	ne carlier of: (b) T	ne 90th day after th
iment's effective date on the De ord specifies a delayed effective filed.		ime, at 12:01 a.m. on th	ne carlier of: (b) Ti	ne 90th day after th
ord specifies a delayed effective filed.		ime, at 12:01 a.m. on th	ne carlier of: (b) Ti	ne 90th day after th
iment's effective date on the Defective filed. MAY 16TH				ne 90th day after th

Filing Fee: \$25.00



RECEIVED

2022 MAY 23 PM 12: 05

Section 1865, FE

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