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COVER LETTER

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Tallahassee, Fl. 32314

	Registration S Division of Co			
eum irz	WSRE LL	.C		
SUBJEC	.1:	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	eturn all corresp	ondence concerning this matter	to the following:	
		JOHN NAVARRO		
			Name of Person	
		JOHN A NAVARRO PA		
			Firm/Company	
		150 S PINE ISLAND RD	SUITE 300	
			Address	.
		PLANTATION FL 33324		
			City/State and Zip Code	
		JOHN@JOHNANAVARR	OPA.COM to be used for future annual report not	itication)
For furth	er information	concerning this matter, please c		,
JOHN N	VAVARRO		954 445-7401	
	Name	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed	I is a check for t	the following amount:		
□ \$2 5.	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 Addre		<u>Street Address:</u> Registration Se	vetion
	Registration Division of C		Registration Se Division of Cor	
	P.O. Box 63		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WSRE LLC		
(<u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number 85-1353396	• •	and assigned
This amendment is submitted to amend the following:	<u> </u>	
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		ida
	City	Zin 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WENDY SANCHEZ	6365 COLLINS AVE 2206	
		MIAMI BEACH FL 33141	■Remove
			Change
AMBR	WSP TRUST	777 BRICKELL AVE	= Add
		SUITE 500	□Remove
		MIAMI FL 33131	Change
		_	□Add
			Remove
			□Change
			□ Add
		 -	Remove
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ffective date, if other than to an effective date is listed, the date is listed. If the date inserted in this ocument's effective date on the	block does not m	reet the applicable	ate of filing or more the statutory filing requ	(optional) an 90 days after filing uirements, this date	.) Pursuant to 605.0207 (will not be listed as t
	tive date, but not	an effective time,	at 12:01 a.m. on the	e earlier of: (b) Th	e 90th day after the
record specifies a delayed effect is filed. JUNE 18 pated		2024			
l is filed.		2024			
is filed.	Signature of a m	~~~	ed representative of a r	nember	

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Filing Fee: \$25.00