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COVER LETTER

TO:

Registration Section

Division of Cor	porations			
(110 111 Ch	WAS HOLD	INGS FLORIDA, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
		RICHIE SPATZ		
	Name of Person			
	WAS	HOLDINGS FLORIDA, LLC		
	Firm/Company			
	1703 N MCMULLEN BOOTH ROAD, UNIT 728			
		Address		
	SAF	ETY HARBOR, FL 34695		
		City/State and Zip Code		
		nie.Spatz@washoldings.com (to be used for future annual report notification)		
For further information c	oncerning this matter, please c			
Richie Spa	atz	at ()910-6464		
Name o	f Person	Area Code Daytime Telephone !	Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Certadditional copy is enclosed) Certadditional copy is enclosed)	0.00 Filing Fee, entificate of Status & entified Copy Iditional copy is enclosed)	
Mailing Addres Registration S		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	GS FLORIDA, LLC		
(<u>Name of the Limited Lia</u> (A Flo	hility Company as it now app rida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Florida document number	·	JUNE 23, 2020	and assigned
This amendment is submitted to amend the following	;		
A. If amending name, enter the new name of the l	imited liability company	here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," th	e designation "LI.C" or the abbi	eviation "L.L.C."
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)			
			
			
B. If amending the registered agent and/or registe agent and/or the new registered office address her		r records, <u>enter the name</u>	of the new registere
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter F	Torida street address	· — ·
		, Florida	
	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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	RICHARD W. SPATZ	115 PHILIPPE GRAND CT, SAFETY HARBOR, FL 34695	⊠Add
			□Remove
			🗆 Change
			□Add
			[]Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
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			□Change
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			[Remove]
			□Change ?

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fective date, if otl	ner than the date of fil	ing:		(optional)	
m effective date is liste	ed, the date must be specific rted in this block does no	and cannot be prior to	date of filing or more tha	n 90 days after filing.) Pu	irsuant to 605.0 Il not be listed
cument's effective	date on the Department o	f State's records.			
ecord specifies a de is filed.	layed effective date, but i	iot an effective time	e, at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after t
ited	JUNE 24		. •		
		\mathcal{A}	9_		
	Signature of	a member or authori	ved representative of a m	ember	
	B			· ==	

Filing Fee: \$25.00