120000293134

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer

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2020 OCT 27 AH IO: 25 SECRETARY OF STREET

Y SULKEP OCT 28 2020



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	10/27/2020	
Name:	Merritt Walker	
Reference	1281596	
	ne: WLN Z	EPHYRHILLS, LLC
	cles of Incorporation/Authoriza	tion to Transact Business
☐ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Con	nversion	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Othe	er	
Authorized	Amount: \$25	_
Signature:	(()	

F: +852.2682.9790

COVER LETTER

	tration Section on of Corporations
SUBJECT:	WLN ZEPHYRHILLS, LLC
_	Name of Limited Liability Company
The enclosed A	articles of Amendment and fee(s) are submitted for filing.
Please return a	ll correspondence concerning this matter to the following:
	DIANA BARR
	Name of Person
	HOLDEN LAW OFFICE, PC
	HOLDEN LAW OFFICE, PC
	Firm/Company
	718 W BUSINESS HIGHWAY 60, PO BOX 633
	718 W BUSINESS HIGHWAY 60, PO BOX 633 Address
	718 W BUSINESS HIGHWAY 60, PO BOX 633 Address DEXTER, MO 63841 City/State and Zip Code office@holdenlawoffices.com
	718 W BUSINESS HIGHWAY 60, PO BOX 633 Address DEXTER, MO 63841 City/State and Zip Code office@holdenlawoffices.com E-mail address: (to be used for future annual report notification)
For further info	718 W BUSINESS HIGHWAY 60, PO BOX 633 Address DEXTER, MO 63841 City/State and Zip Code office@holdenlawoffices.com
For further info	718 W BUSINESS HIGHWAY 60, PO BOX 633 Address DEXTER, MO 63841 City/State and Zip Code office@holdenlawoffices.com E-mail address: (to be used for future annual report notification)

MAILING ADDRESS:

Certificate of Status

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

STREET/COURIER ADDRESS:

Certificate of Status & Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

DocuSign Envelope ID: 615EA94B-5B62-4CB6-8DB4-0366344C9A5E

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	I ZEPHYRHI LL S, LLC	
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L20000293134	v Company were filed on September 24, 2	2020 and assigned
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I.	imited Liability Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or regregistered agent and/or the new registered office ad	gistered office address on our records, <u>end</u>	ter the Sname of the new
Name of New Registered Agent:		25 210A
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	гар Соис

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

DocuSign Envelope ID: 615EA94B-5B62-4CB6-8DB4-0366344C9A5E
H amending Aumorized rerson(s) aumorized 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	ZACHARY C. SHIPPS	3715 NORTHSIDE PARKWA	Y _⊒ Add
		BUILDING 400, SUITE 51	5 Remove
		ATLANTA, GA 30327	
MGR	WILSON DEVELOPMENT GROUP, LLC	3715 NORTHSIDE PARKWA	_
		BUILDING 400, SUITE 51	
		ATLANTA, GA 30327	
			⊒ Add
			Remove
			⊐ Change
			! Add
			Remove
			Change
			Add
			Remove
			I: Change
			bbA U
			_∃ Remove
			_I Change

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		Mathew	Wil cara				f a member		
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Page 3 of 3

Filing Fee: \$25.00