## h20 000382811

| (Requestor's Name)                      |
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|   |
| (Address)                               |
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| (Address)                               |
| , ,                                     |
| /Cit./Chata/Fin/Dhana th                |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Basament Namas)                        |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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07/06/21--01023--007 ++30.00



Jack 5

## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

| Division of Corporations   |   |   |   |
|----------------------------|---|---|---|
| SUBJECT:                   | WCR HOMES                                     | LLC   |   |
|                            | Name of Lim                                   | ited Liability Company  | ···   |
|                            |   |   |   |
| The enclosed Articles      | of Amendment and fee(s) are sub               | omitted for filing.   |   |
| Please return all corres   | spondence concerning this matter              | to the following:   |   |
|                            |   |   |   |
|                            | milliw  | Name of Person  |   |
|                            |   | Name of Person  | <del></del>                                   |
|                            | INLR.   | Was 111   |   |
|                            |   | Firm/Company  |   |
|                            | 11  | 0 \ \   | . \ \ \ \ \                                   |
|                            | 7915 Noct                                     | Ocean Strd.   | Apt. 127                                      |
|                            |   | C. 22.14  | ٦   |
|                            | Dulray Den                                    | City/State and Zip Code  Cost A @ a cot to be used for future annual report not | <u> </u>                                      |
|                            | ( ) \\.                                       | City/state and zip code   | m:\ com                                       |
|                            | E-mail address: (                             | to be used for future annual report not   | ification)                                    |
| For further informatio     | n concerning this matter, please c            | all:  |   |
|                            | <i>C</i> \                                    |   | CC3 C   |
|                            | a of Borgon                                   | at (SCI) 512<br>Area Code Daytim  | re Telephone Number                           |
| Nan                        | e of Person                                   | Area Code 19ayun  | к текриче тапке                               |
|                            |   |   |   |
|                            | r the following amount:                       |   |   |
| □ \$25.00 Filing Fee       | \$30.00 Filing Fee &<br>Certificate of Status | \$55.00 Filing Fee & Certified Copy   | ☐ \$60.00 Filing Fee. Certificate of Status & |
|                            |   | (additional copy is enclosed)   | Certified Copy (additional copy is enclosed)  |
|                            |   |   | •   |
|                            |   |   |   |
| Mailing Add                |   | Street Address:   | ation   |
| Registratio<br>Division of | n Section<br>Corporations                     | Registration Se<br>Division of Co   |   |
|                            |   |   | -   |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| WCR HUME   |   |
|--|---|
| (Name of the Limited Liabi<br>(A Flori   | ility Company as it now appears on our records.)<br>da Limited Liability Company) |
| The Articles of Organization for this Limited Liability<br>Florida document number <u> </u>              | Company were filed on $\frac{12 - 8 - 2020}{}$ and assigned                       |
| This amendment is submitted to amend the following:  |   |
| 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   | mited 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 ADD   | DRESS)  |
| 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: | red office address on our records, enter the name of the new registers:           |
|  |   |
| Name of New Registered Agent:  |   |
| New Registered Office Address:   | 70  |
|  | Enter Florida street address بي   |
|  | Plorida 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

| <u>Title</u> | <u>Name</u>      | Address                | Type of Action  |
|--------------|------------------|------------------------|-----------------|
| AMBR         | William J. Costa | ·                      |                 |
|              |                  | Debray Buch, Fl. 33483 | □Remove         |
|              |                  |                        | □Change         |
| AMBR         | Robin V. Kinsuj  | 4475 North Ocean Blue  | □Add            |
|              |                  | Apt. ILA.              | <b>⊞</b> Remove |
|              |                  | Dulray Buch, Fl. 33443 | □Change         |
|              |                  |                        | □Add            |
|              |                  |                        | □Remove         |
|              |                  |                        | □Change         |
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|              |                  |                        | □Remove         |
|              |                  |                        | □ Change        |

|                               | ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)                               |
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| (If an effect<br>Note: If     | e date, if other than the date of filing:   |
| the record s<br>cord is filed | pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| Dated                         | July 7th . 2021   |
|                               | Signature of a member or authorized representative of a member  |
|                               | William J. Costa  Typed or printed name of signee   |