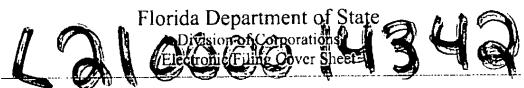
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Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** Email Address: Email Address:		, .		NOT hit the REFRESH/RELOAD button on your browser from thi Doing so will generate another cover sheet.	S P	2021 J/	care.
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Corporate Filing Menu

Help

Electronic Filing Menu

From: Ranae McGraw

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WHINVESTILLC		
(Name of the Limited Liability C (A Florida Lir	ningany us it now uppears on o nited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000014342</u>	pany were filed on 01/19/20	21 and assigned
This amendment is submitted to amend the following:		
A. If smending name, enter the new name of the limited	Hability company here:	
WHINVEST I. LLC		
The new name must be distinguishable and contain the words "Limited	Liebility Company," the designa	tion "LLC" or the obbreviation "LLC"
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u>(S)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		H10:25
	Enter Florida str	zet address
		, FloridaZip Cecie
	City	Zip Code
New Registered Agent's Signature, if changing Registered Ag	zent:	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compaccept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	siew performance of my di t as provided for in Chapte	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

From: Ranae McGraw

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
	ev d		DAdd
			GRemove
			UChange
			DRemove
			□Change
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			□Remove
			@Change
			Upve
			□Remove
			Change.

From, Ranae McGraw

Traincading any other mora	nation, enter change(s) here: (Attach additional sheets, if necessary.)
121/2017	
Effective date, if other than the (If an effective date is listed, the date me Note: If the date inserted in this b document's effective date on the L	e date of filing:
he record specifies a delayed effecti ord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2021
Dated	A
	Signature of a member or authorized representative of a member
A10V	Tieulnik Athorized Representative