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(shown below) on the top and bottom of all pages of the document.



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From:

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Account Number : 076077001702 Phone

: (407)841-1200 : (407)423-1831 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

bosserman.will@gmail.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WKB INVESTMENT HOLDINGS, LLC

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March 8, 2021

FLORIDA DEPARTMENT OF STATE Division of Corporations

WKB INVESTMENTS, LLC 634 EAST HARWOOD STREET ORLANDO, FL 32803

SUBJECT: WKB INVESTMENTS, LLC

REF: L21000038999

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

L21000093107

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Mel Solomon Senior Section Administrator

FAX Aud. #: H21000091286 Letter Number: 321A00004878

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WKB INVESTMENTS, LLC		
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000038999</u>	were filed on February 4, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
WKB INVESTMENT HOLDINGS, LLC		22
The new name must be distinguishable and contain the words "Limited Liabil	ty Company," the designation "LLC" or the	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)) <u> </u>
		11/ ===
		(2) (4)
Enter new mailing address, if applicable:		Ori O
(Mailing address MAY BE A POST OFFICE BOX)		·
Trutting uniques mile 10071, October 1		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the na</u>	me of the new registered
New Registered Office Address:	Enter Florida street address	
	, Florida _	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	•
		was to comply with the
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and i an provided for in Chapter 605, F.S. O	r, if this document is
II Cha	nging Registered Agent, Signature of New I	Registered Agent

From: Leslie Perryman Fax: 14078411200

To:

Fax: (850) 617-6383

Page: 4 pt 5

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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:

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MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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Effective da	ite, if other than the date (date is listed, the date must be spe	of filing:	o date of filing or mo	(option	al) ing.) Pursuant to 605.0	0207 (
Note: If the	date inserted in this block do effective date on the Departm	es not meet the applical	ble statutory filing	requirements, this d	ate will not be listed	d as tl
document se	meetive date on the Departm	iem or orace				
ord is filed.	ifies a delayed effective date,				The 90th day after	the
Dated	March 5 William K. Bosserman	2021	_ ·			
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