## L21000101358

(F	Requestor's Name)	
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## CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

## WALK IN

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x	FILING	AMENDMENT	
_	3130 WASHINGTON WP		
	(CORPORATÉ NAME AND DOCÚM	IENT #)	
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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

3130 WA	SHINGTON WPB LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our re Liability Company)	ecords.)
	-	
The Articles of Organization for this Limited Liability Company	were filed on MARCH 5,	2021 and assigned
Florida document numberL21000107358		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
3120 Washington WPB LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	!	<del></del>
(Principal office address MUST BE A STREET ADDRESS)	<u>,                                    </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	address on our records, <u>e</u>	nter the name of the new registere
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street a	ddress
	,	, Florida
	City:	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

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:

or removed from our records:			
•			
MGR = Manager			
AMBR = Authorized Member			

<u>Title</u>	<u>Name</u>	Address	Type of Action
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ote: it th	ate, if other the date is listed, the de date inserted in effective date or	ithis block does	not meet the ap	plicable statutor	ng or more than 9 y filing require	(optional 0 days after filing ments, this date	) ;.) Pursuant to 605.02 : will not be listed :
record spe is filed.	cifies a delayed e	effective date, bu	at not an effectiv	ve time, at 12:01	a.m. on the ea	rlier of: (b) T	he 90th day after th
ated	ember 12, 2021		- N 2021	uZish	し し し		
-	<u>,                                      </u>	Signature	of a member or a	uthorited represe	ntative of a mem	ber	<del></del>

Filing Fee: \$25.00