

L21000180454

(((H21000236323 3)))

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H21000236323 3)))



H21000236323ABOV

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SHERYL SECKEL HUNTER PA
Account Number : I20200000028
Phone : (813)867-2640
Fax Number : (813)867-2641

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

Email Address: annualreports@hunterbusinesslaw.com

21 JUN 16 AM 10:51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WMS HOLDINGS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUN 17 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

(((H21000236323 3)))

RECEIVED

2021 JUN 16 AM 8:02

COVER LETTER

(((H21000236323 3)))

**TO: Registration Section
Division of Corporations**

SUBJECT: WMS HOLDINGS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Katelyn Dougherty

Name of Person

Hunter Business Law

Firm/Company

119 South Dakota Avenue

Address

Tampa, Florida 33606

City/State and Zip Code

annualreports@hunterbusinesslaw.com

E-mail address: (to be used for future annual report notification)

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 21 JUN 16 AM 10:51

For further information concerning this matter, please call:

Katelyn Dougherty

813

867-2640

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

(((H21000236323 3)))

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H21000236323 3)))

WMS HOLDINGS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 04/26/2021 and assigned
Florida document number L21000180454.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

WMS IP HOLDINGS, LLC

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
21 JUN 16 AM 10:51

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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 Changing Registered Agent, Signature of New Registered Agent

(((H21000236323 3)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: (((H21000236323 3)))

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

(((H21000236323 3)))

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUN 16 AM 10:51

