

L21000185664

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

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Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2022 JUL 29 PM 3:43

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 29 AM 9:14

FILED

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309.
(850) 524-5437
(850) 524-6243

PLEASE use funds from ACCT: I20210000160 AMOUNT: \$25.00
Authorization Signature: *James Galt*
WS Capital Fund Management, LLC | L21000185664
Business Document #

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NEW FILINGS

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other
- CORP**

AMMENDMENTS

- Amendment
- Resignation of R.A. Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger
- Conversion**

OTHER FILINGS

- Annual Report
- Fictitious Name
- APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

- Foreign filing
- Limited Partnership
- Reinstatement
- Other

EXAMINER'S INITIALS: _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WS CAPITAL FUND MANAGEMENT, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Thomas A. Signorelli

Name of Person

WS Capital

Firm/Company

700 S Rosemary Square STE 204

Address

West Palm Beach, FL 33401

City/State and Zip Code

thomas.signorelli@gmail.com

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

For further information concerning this matter, please call:

Thomas A. Signorelli

310

746-6639

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2022 JUL 29 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FL

WS CAPITAL FUND MANAGEMENT, 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 4/21/2021 and assigned
Florida document number L21000185664.

This amendment is submitted to amend the following:

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

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)

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: Nicholas Panarella, Jr., Esq.

New Registered Office Address: 1605 US Highway 1, B404
Enter Florida street address

Jupiter, Florida 33477
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

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Name of Limited Liability Company

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City/State and Zip Code

thomas.signorelli@gmail.com

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

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