## KZ10000313131

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## **COVER LETTER**

TO:

**Registration Section** 

Division of Co	rporations			
SUBJECT:	Name of Lim	ited Liability Company		
Name of Person  Area Code  Daytime Telephone Number  Daytime Telephone Number  Solution Telephone Numb				
Please return all correspo	ondence concerning this matter	to the following:		
	KURT ZIMMERMAN			
		Name of Person	<del></del>	
ZIMMERMAN & ASSOCIATES				
Firm/Company				
2400 E. COMMERCIAL BOULEVARD, SUITE 820				
	Address			
	FORT LAUDERDALE, F	L 33308		
	WEINT COZIN A MODALA NEL	•	<del></del>	
			ication)	<b>4</b> 15
For further information of	concerning this matter, please c	all:		
KURT ZIMMERMAN		954 202-7440		•
Name o	of Person	at () Area Code Daytim	e Telephone Number	
				; ;
Enclosed is a check for t	he following amount:		<del>7.7</del> 2	<b>_</b> -
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
			rtion	
Division of C	Corporations	Division of Cor	porations	
P.O. Box 632 Tallahassee.		The Centre of T 2415 N. Monro	allahassee c Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WATERBROOK HQ, LLC			
(Name of the Limited Liability Comp. (A Florida Limited	iny as it now appears on our records.) Liability Company)	<del></del>	
The Articles of Organization for this Limited Liability Company Florida document numberL21000213131	were filed on05/06/2021	and assign	ed
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited liab</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the ab	obreviation "L.L.C.	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<del></del>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the nam	<u>e of the new re</u>	egister
Name of New Registered Agent:			
New Danietared Office Addresser		. 3	
New Registered Office Address:	Enter Florida street address		<del></del> -
	, Florida	Zin Coda	
	City	ZHP COME	

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL THOMAS YIANILOS	3600 N. OCEAN BLVD., SUITE 309	≣Add
		FORT LAUDERDALE, FL 33308	□Remove
			□ Change
	<del></del>	· · · · · · · · · · · · · · · · · · ·	□ Add
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an effective date is listed, the date m	e date of filing:  ust be specific and cannot be prior to date block does not meet the applicable st Department of State's records.	of filing or more than 90 days after fi	ling.) Pursuaht to 605.0207
record specifies a delayed effect Lis filed.	ve date, but not an effective time, at	12:01 a.m. on the earlier of: (b)	The 90th day after the
atedJULY 2.	. 2021		
	Signature of a member or authorized re	epresentative of a member	
KURT ZIMMERMA			
	Typed or printed name	C. C	•

Filing Fee: \$25.00