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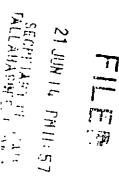
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50/13/24

COVER LETTER

Division of Corporations WAREHOUSE AUTOMATION SOLUTION PROFESSIONALS, LLC SUBJECT: 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: WOLKENFELD, MARK Name of Person Firm/Company Address 17635 NE 8 CT City/State and Zip Code N MIAMI BEACH, FL 33162 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WOLKENFELD, MARK Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \square \$30,00 Filing Fee & S60.00 Filing Fee. ☐ \$55.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy Certified Copy-(additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our records.) d Liability Company)	<u>-</u>
The Articles of Organization for this Limited Liability Compar Florida document number 1.21000259613	y were filed on 06/03/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the al	bbreviation "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	e address on our records, enter the nan	ne of the new registere
agent and/or the new registered office address here:		***
Name of New Registered Agent:		21 JU ALL JH
New Registered Office Address:	(*	77
	Enter Florida street address	
	, Florida, Florida	Zip Code-
New Registered Agent's Signature, if changing Registered Agen	•	

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	WOLKENFELD, MARK	17635 NE 8 CT	□Add
		N MIAMI BEACH, FL 33162	□Remove
MGR	WOLKENFELD, KEVIN S	17635 NE 8 CT	■Add
		N MIAMI BEACH, FL 33162	□Remove
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be pri- k does not meet the appl	or to date of filing or mo icable statutory filing	(option ore than 90 days after fig requirements, this c	ling.) Pursuant to 605.020 late will not be listed a
ecord specifies a delayed effective dis filed.	late, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b)	
ned JUNE 10TH	2021			
ned Dat Walker				
C:	gnature of a member or aut	horized representative	of a member	

Filing Fee: \$25.00