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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENSPOON MARDER, P.A.

Account Number : 076064003722 Phone : (888)491-1120 Fax Number : (954)333-4242

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

Email	Address:			

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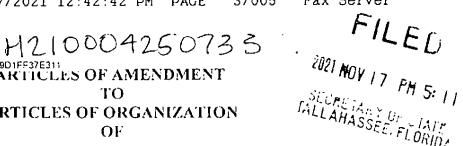
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DocuSign Envelope ID: 207FA4E3-B1B7-41C3-879B-59D1FF37E311 ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**



ISLA WPB LLC				
(Name of the Lim	ited Liability Compa (A Fiorida Limited	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited I Florida document number 1.21000264321		were filed on 06/07/2021	and assigned	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company here;		
NOT APPLICABLE				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" of	or the abbreviation "L L.C."	
Enter new principal offices address, if appli	cable:	NOT APPLICABLE		
(Principal office address MUST BE A STRE	ET ADDRESS)	4-3-71-11-11-11-11-11-11-11-11-11-11-11-11-		
		NOT APPLICABLE		
Enter new mailing address, if applicable:		NOTATILICABLE		
(Mailing address MAY BE A POST OFFICE	(BOX)			
B. If amending the registered agent and/or agent and/or the new registered office address.	• •	address on our records, enter th	ne name of the new register	
Name of New Registered Agent:	NOT APPLICA	ABLE		
New Registered Office Address:				
	Enter Florida street address			
		, Flor		
		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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ii amending Authorized rerson(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

Title	<u>Name</u>	Address	Type of Action
AMBR	Parched Hospitality Group	292 BEDFORD AVE	
		NEW YORK, NY 11249	≅Remove
			Change
MGR	BARRY DRY	1500 CLARE AVENUE	≣Add
		WEST PALM BEACH, FL 33401	□Remove
			Change
MGR	DAVID ORR	1500 CLARE AVENUE	= Add
		WEST PALM BEACH, FL 33401	□Remove
			Change
			□Add
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			□Remove
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