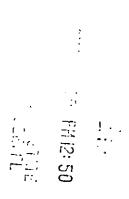
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Office Use Only





## **COVER LETTER**

	tration Se on of Cor	ection porations		
	WPM VE	ENTURES LLC		
SUBJECT:		Name of Lim	nited Liability Company	
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.	
		indence concerning this matter	_	
		J. Marc Jones		
			Name of Person	
		J. Marc Jones, P.A.		
			Firm/Company	u=u-
		2572 West State Road 426	5, Suite 3024	
			Address	<del></del>
		Oviedo, Fl. 32765		
		marc@jmarcjonespa.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report no	otification)
For further info	rmation co	oncerning this matter, please c	all:	
Marc Jones			407 359-9900 at ( )	
	Name of	Person		me Telephone Number
Enclosed is a ch	neck for th	ne following amount:		
■ \$25.00 Filin	ng Fee	S30.00 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)
	g Address tration S		Street Address: Registration S	ection
	ion of Co Box 632	orporations 7	Division of Co The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

agent and of the new registered office address here.		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter th	e name of the new registere
B. If amending the registered agent and/or registered		
		- · · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	·
Enter new mailing address, if applicable:		
Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new principal offices address, if applicable:		<u> </u>
·		
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the designation "LLC"	or the abbreviation "L.L.C."
A. If amending name, enter the new name of the limit	ed hability company nere:	
_	10.100	
This amendment is submitted to amend the following:		
Florida document number L21000311025	-	
The Articles of Organization for this Limited Liability Co	impany were filed on July 7, 2021	and assigned
(// rivida i	Company as it now appears on our records.) Limited Liability Company)	

## 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	Debra L. Wallen	6 AMBROSE LANE	
		SOUTH BARRINGTON, IL 600100000	■Remove
			□ Change
MGR	Pamela Miller	35W635 PARSONS ROAD	□Add
		WEST DUNDEE, IL 60118	■Remove
			□Change
MGR	Robert N. Wallen	6 AMBROSE LANE	
		SOUTH BARRINGTON, IL 60010	□Remove
			□Change
MGR	GR Alan G. Miller	35W635 PARSONS ROAD	■Add
		WEST DUNDEE. IL 60118	□Remove
			□Change
			□Add
			□Remove
		<del></del>	□Change
	<del></del> -		🗆 Add
			□Remove
			□Change

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te: If the dat	if other than is listed, the date e inserted in this ctive date on the	s block does n	ot meet the ap	plicable statuto	ling or more that ory filling requi	(option 190 days after ti rements, this o	nal) ling.) Pursuant to d date will not be l	505.020 isted a
	s a delayed effe	ctive date, but	not an effectiv	ve time, at 12:0	I a.m. on the	earlier of: (b)	The 90th day a	fter the
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s filed. Inly 13	·		2021					
s filed. Inly 13			2021	·				
s filed.			2021	·				

Filing Fee: \$25.00