L22000052080

| (Red | questor's Name) | |
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| (Add | dress) | |
| (City | y/State/Zip/Phone | e #) |
| PICK-UP | WAIT | MAIL |
| (Bus | siness Entity Nar | me) |
| (Doc | cument Number) | |
| Certified Copies | Certificates | s of Status |
| Special Instructions to f | Filing Officer: | |
| J. HORNE | | |
| FE | B 2 5 2022 | |
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Office Use Only



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COVER LETTER

| Division of Cor | • | • | | |
|-----------------------------|--|---|---------------------------------------|------------------|
| WGZ USA SUBJECT: | | **** | 4 4 | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspo | ondence concerning this matter | to the following: | | |
| | JANAYNA S POTENCIA | NO | | |
| | | Name of Person | | |
| | POTENCIANO CPA LLC | | | |
| | | Firm/Company | | |
| | 6337 GLORY BOWER D | R | | |
| | | Address | · · · · · · · · · · · · · · · · · · · | |
| | WINTER GARDEN, FL 3 | 4787 | | |
| | | City/State and Zip Code | | |
| | JANAYNA@POTENCIAN E-mail address: (| OCPA.COM to be used for future annual re | port notification) | |
| For further information c | oncerning this matter, please ca | all: | | |
| JANAYNA S POTENC | IANO | 407 413 | - 2411 | |
| Name o | f Person | Area Code | Daytime Telephone Number | |
| Enclosed is a check for the | he following amount: | | | |
| ■ \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate o | f Status & py |
| Mailing Addres | 55: | Street Ad | dress: | |
| Registration : | | | tion Section of Corporations | |

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
2022 FEB 16 PH 12: 28
SECRETARY OF STATE
ALL AMASSEE. FLORE

WGZ USA LLC

(Name of the Limited Liability Company as it now appears on our records.)

| (A Flori | ida Limited Liability Company) |
|---|---|
| The Articles of Organization for this Limited Liability Florida document number L22000052080 | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the lin | mited liability company here: |
| The new name must be distinguishable and contain the words "Li | imited 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 ADD | DRESS) |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | ed office address on our records, <u>enter the name of the new registered</u> : |
| Name of New Registered Agent: | |
| New Registered Office Address: | Enter Florida street address |
| | Florida |
| | 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 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 |
|--------------|-----------------------|-------------------------|----------------|
| AMBR | ZIEHLSDORFF, NELSON G | 824 EASLEY AVE | |
| | | WINTER GARDEN, FL 34787 | ■Remove |
| | | | □Change |
| AMBR | ZIEHLSDORFF, ANDRE G | 824 EASLEY AVE | ≣ Add |
| | | WINTER GARDEN, FL 34787 | □Remove |
| | | | □Change |
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| lf an effectiv Note: - If th | date, if other than the date of we date is listed, the date must be spo- the date inserted in this block do is effective date on the Departm | of filing: | cdate of filing or more t | (optional) han 90 days after filing.) Pu quirements, this date wil | rsuant to 605,020° I not be listed as |
| | pecifies a delayed effective date. | | ne, at 12:01 a.m. on t | he earlier of: (b) The 90 | Oth day after the |
| Dated | FEBRUARY 11TH | 2022 | _· | | |
| | | | h IS dOFFF | n member | <u></u> |
| | VANESSA CORREA ZIEHL | | | | |

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Filing Fee: \$25.00