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2022 APR -7 AH 6: 23
SECRETARY OF STATE
TALLAHASSEF FI

O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporatio	ns		•
SUBJECT: WFD	Global F	ROPERTY LLC	2
	Name of Limite	ed Liability Company	
The enclosed Articles of Amenda	nent and fee(s) are subm	itted for filing.	
Please return all correspondence	concerning this matter to	the following:	
	Willie Cale	Name of Person	inbez
	WFO GI	Lobal Proper	TyClc
	100 Capita	Address	E Suite 18604
	TALLAMASSE		30/
	VSTRIKE 22	City/State and Zip Code Congrate Congrate be used for future annual report	7
	E-mail address: (to	be used for future annual report	notification)
For further information concerning	ig this matter, please call	:	
Willie Gildwell Name of Person	1/ Ja.	at <u>201</u> 34/	1-6654
tvame of reison		Area Code Day	nime Telephone Number
Enclosed is a check for the follow	/ing amount:		
	0.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
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 FILED TO ARTICLES OF ORGANIZATION PR -7 AM 6: 23 OF

WED Calabas la	2 200 110	SECRETARY OF STALLAHASSEE.	
(Name of the Limited)	Liability Company as it now app Florida Limited Liability Company	•	<u>-</u>
The Articles of Organization for this Limited Liabi	ility Company were filed on	2/7/22	and assigned
This amendment is submitted to amend the following	ing:		
A. If amending name, enter the new name of th	e limited liability company	here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	e designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicabl	le:		
(Principal office address MUST BE A STREET A	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	200		
			<u> </u>
B. If amending the registered agent and/or regi agent and/or the new registered office address h		records, enter the name	of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter F	lorida street address	
		. Florida	
-	City	, rww	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

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

Name
Willie Caldwell JC HOOLApital Cicse Ste 18604
TAHABASSE, FL 32301 **Type of Action** <u>Title</u> Mar CAldwell CAldwells 400 (Apital (11 SE STE 1864)
Tallahasseo, FL 3230) DRemove _____ Change _____ □ Add Remove _____ Change □Add Remove ____ Change □Add Remove □Add □Remove □Change

	<u>-</u>
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ve date, if other than the date of filing:(optional)	
ve date, if other than the date of filing:	605,020 listed as
d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day a ed.	after the
april 4. 2022	
Signature of a member or authorized representative of a member	-
Flor=Ha Calduell	

Filing Fee: \$25.00