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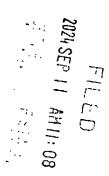
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COVER LETTER

TO:	Registration Se Division of Cor				
C11D 11	ezer.	I.	WBK, LLC		
SUBJI	rc1:	Name of Lim	ited Liability Company		
The en	iclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
Brett R. Kappes					
		LWBK, LLC Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Brett R. Kappes Name of Person LWBK, LLC Firm/Company 4715 N. Grady Ave Address: Tampa, FL 33614 City/State and Zip Code E-mail address: (to be used for future annual report notification) nation concerning this matter, please call: Brett R. Kappes Name of Person Area Code Daytime Telephone Number Ek for the following amount: Fee \$\Beta\$ \$30.00 Filing Fee & \$\Circ\$ Schoop Filing Fee & \$\Circ\$ Certificate of Status & \$\Circ\$ Certified Copy (additional copy is enclosed) Street Address: Tampa FL 33614 City/State and Zip Code Brett R. Kappes Area Code Daytime Telephone Number School Filing Fee & \$\Circ\$ School Oo Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) Street Address: Tampa FL 33614 City/State and Zip Code Brett R. Kappes Address: Tampa FL 33614 City/State and Zip Code E-mail address: Street Address: Registration Section			
			LWBK, LLC		
			Firm/Company		
			4715 N. Grady Ave		
			Name of Limited Liability Company Tec(s) are submitted for filing. g this matter to the following: Brett R. Kappes Name of Person LWBK, LLC Firm/Company 4715 N. Grady Ave Address Tampa, FL 33614 City/State and Zip Code nail address: (to be used for future annual report notification) tter, please call: at (813 882-0224		
			Tampa, FL 33614		
			City/State and Zip Code	rson C.C. any Ave 33614 ip Code e annual report notification) 882-0224 Daytime Telephone Number Daytime Telephone Number Telephone Status & Certificate of Status & Certified Copy (additional copy is enclosed) treet Address: Registration Section	
		E-mail address; (to be used for future annual report noti	fication)	
For fu	rther information c	oncerning this matter, please c	all:		
	Brett R.	Kappes	813 882-0224		
*	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclos	ed is a check for th	ne following amount:			
□ \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	
	Mailing Addres				
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Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMERICAN TO FILED OF ORGANIZATION 2024 SEP // AMIL ARTICLES OF AMENDMENT

		Ari II: 09	
LWBK, LLC (Name of the Limited Liability Company			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liability Company we florida document number	ere filed on	and assigned	
A. If amending name, enter the new name of the limited liabili	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or	r the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	4715 N. Grady Ave		
Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33614		
Enter new mailing address, if applicable:	4715 N. Grady Ave		
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33614		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	dress on our records, <u>enter the</u>	e name of the new register	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Floric	da	
	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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Brett R Kappes	4715 N. Grady Ave	
		Tampa, FL 33614	
			■Change
MGR	Liming Wu	10305 Marchmont Ct	
		Tampa, FL 33626-2662	■Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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If amending any other informat		,		
				
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Effective date, if other than the if an effective date is listed, the date must Note: If the date inserted in this blodocument's effective date on the Defective date.	ock does not meet the applic	able statutory filing requ	uirements, this date will not b	to 605.0207 be listed as t
e record specifies a delayed effective ed is filed.	e date, but not an effective ti	ime, at 12:01 a.m. on the	e earlier of: (b) The 90th da	y after the
DatedAugust 28	. 2024			
7	Bret 2	1		
	Signature of a member or auth	orized representative of a n	nember	_
	Reart I	R. Kappes		
		ed name of signee	****	

Filing Fee: \$25.00