K22000219909

(Re	questor's Name)	
(Ad-	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
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4 Documents

In Total

COVER LETTER

TO:

TO: Registration Se Division of Cor			
WWDS 12	21204, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	JEFF KAPLAN		
		Name of Person	
	KAPLAN LAW FIRM, P.	L.	
		Firm/Company	
	130 REMINGTON DRIV	E, SUITE 1000	· · · · · · · · · · · · · · · · · · ·
		Address	· · ·
	OVIEDO, FL 32765		
		City/State and Zip Code	
	JEFF@KAPLANLAWFIR		.,
	E-mail address: (to be used for future annual report noti	fication)
For further information c	onceming this matter, please c	all:	
JEFF KAPLAN		407 706-6 70 0 at ()	
Name o	f Person		e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)
Mailing Addres		Street Address:	ction
Registration S Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	allahassee
Tallahassee, I	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WWDS 1221204, LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/10/2022 and assigned

Florida document number L22000219909

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MCD ==	Manager
MOK -	Manager
AMRR =	Authorized Member
AULUK -	Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□ Add
			□Rèmove
			Change
			□Remove
			Change
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			□Remove

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ective date, if other than the date of filing:	(optional) rior to date of filing or more than 90 days after filing.) Pursuant to 60
te: If the date inserted in this block does not meet the app	plicable statutory filing requirements, this date will not be lis
sument's effective date on the Department of State's recor	ds.
	e time, at 12:01 a.m. on the earlier of: (b) The 90th day aft
s filed.	
July, 21 2022	
ded July, 21 2022	 · _
Signature of a monitor or a	uthorized representative of a member

Filing Fee: \$25.00