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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GREENBERG TRAURIG (ORLANDO)

Account Number : 103731001374 : (407)418-2435 Phone : (407)420-5909 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN W.R. & A.S. QOF LLC

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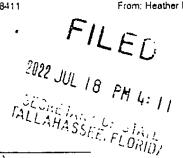
JUL 19 2022

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From: Heather Irving

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



W.R.& A.S. QOF 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 JULY 12, 2022 and assigned Florida document number <u>L22000307362</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited 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 ADDRESS) N/A 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: NAName of New Registered Agent: N/A New Registered Office Address: Enter Florida street address _, Florida N/A Zip Code N/A

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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	WILLIAM RIOS	8420 SW 148 DRIVE	≅ ∆dd
		PALMETTO BAY, FL 33158	□Remove
			☐Change
MGR	ALBERTO SERRA	13064 SW 186 TERRACE	■Add
		MIAMI, FL 33177	□Remove
		 	□Change

			Remove TALLAHASSA Add TALLAHASSA Add
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			□Change
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EIN: 88-3224123			
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i If the date inserted in this tement's effective date on the I	ne date of filing: ust be specific and cannot be prior to block does not meet the applicab Department of State's records.	le statutory filing requireme	ents, this date will not be listed as
ord specifies a delayed effecti filed.	ive date, but not an effective time	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the
d JULY 18	2022		
		•	
/si William Rios	8/		-
	Signature of a member or authorize	zeo representative of a member	ı

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