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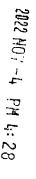
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SECRETARY OF STA

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 102937 8353560

AUTHORIZATION :

COST LIMIT : (\$^25.00

ORDER DATE: November 4, 2022

ORDER TIME : 2:11 PM

ORDER NO. : 102937-025

CUSTOMER NO: 8353560

DOMESTIC AMENDMENT FILING

NAME: WMG 2885 ELECTRONICS MELBOURNE

OWNER, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT: WMG 2	885 ELECTRONICS MEL	BOURNE OWNER, LLC		
	Name of Lir	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Suzanne Wilder			
		Name of Person		
	Goodkind & Florio, P.A.			
		Firm/Company		
	4121 La Playa Blvd.			
		Address		
	Coconut Grove, FL 33133	3		
		City/State and Zip Code		
	suzanne@goodkindandflor			
		to be used for future annual report no	otification)	
For further information of	concerning this matter, please of	eall:		
Suzanne Wilder		305 667-4811		
Name o	f Person	Area Code Dayti	ime 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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address:		
Registration Section		Registration Section		
Division of C P.O. Box 632			Division of Corporations The Centre of Tallahassee	
	<u>-</u>	riic Centre Or	i andiidaace	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WMG 2885 ELECTRONICS MELBO	•	202
(Name of the Limited Liability (A Florida I	Company as it now appears on our imited Liability Company)	records.)
The Articles of Organization for this Limited Liability Co	mpany were filed on 08/08/20	022 and assigned
Florida document number L22000347294	<u>-</u> ·	
This amendment is submitted to amend the following:		AFT: 0
A. If amending name, enter the new name of the limit	ed liability company here:	7
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records,	enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	oddress
		_, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WMG Space Coast Management, LLC	2801 SW 31st Street, Suite 28	□Add
		Coconut Grove, FL 33133	Remove
AMBR	WMG Space Coast Mezzanine, LLC	2801 SW 31st Street, Suite 2B	= Add
		Coconut Grove, FL 33133	□Remove
		44.	☐ Change
			□ □ Add
			□Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and eannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 Sote: If the date inserted in this block does not meet the applicable statutory filing requirements, his date will not be listed as document's effective date on the Department of State's records. The record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed. Dated November 4 2022 Sugant L Walder Signature of a member of a member of a member							
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·		d specifies a delayed effectiv led.	e date, but not an e	ffective time, at 1	2:01 a.m. on the ea	rlier of: (b) The 90th d	ay after the
Suzanne L. Wilder Signature of a member or authorized representative of a member	е гесог rd is fil						
Brieffer Syst member of authorized representative of a member	10 15 111	November 4					
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Filing Fee: \$25.00

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: WMG 2	885 ELECTRONICS MEL	BOURNE OWNER. LLC	
Setalici.		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspond	ondence concerning this matte	r to the following:	
	Suzanne Wilder		
		Name of Person	
	Goodkind & Florio, P.A.		
		Firm/Company	
	4121 La Playa Blvd.		
	-	Address	
	Coconut Grove, FL 33133	3	
		City/State and Zip Code	
	suzanne@goodkindandflor		
	E-mail address:	to be used for future annual report not	ification)
For further information c	oncerning this matter, please o	all:	
Suzanne Wilder		305 667-4811 at ()	
Name of Person			ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporations 7	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303