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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 085174 8353560 AUTHORIZATION COST LIMIT ORDER DATE: October 28, 2022 ORDER TIME : 1:38 PM ORDER NO. : 085174-025 CUSTOMER NO: 8353560 DOMESTIC AMENDMENT FILING WMG 2624 AURORA ROAD MELBOURNE NAME: 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

EXAMINER'S INITIALS:

CONTACT PERSON: Eyliena Baker -- EXT#

## **COVER LETTER**

	Registration S Division of Co			
SUBJEC		4 AURORA ROAD MELBOU	RNE OWNER, LLC	
SUBJEC		Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		NATALIE KOZA		
			Name of Person	
		GOODKIND & FLORIO	PA	
		-	Firm/Company	
		4121 LA PLAYA BLVD		
			Address	
		MIAMI, FL 33133		
			City/State and Zip Code	<del> </del>
		NATALIE@GOODKINDA		
		E-mail address: (	to be used for future annual report not	ification)
For furthe	er information o	concerning this matter, please c	all:	
			at () Area Code Daytin	
	Name c	of Person	Area Code Daytin	ne Telephone Number
Enclosed	is a check for t	he following amount:		
\$25.0	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		<u>Street Address:</u> Registration Se	ection
	Registration : Division of C		Division of Co	
l	P.O. Box 632	27	The Centre of	
-	Fallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WMG 2624 AURORA ROAD MELBOU	IRNE OWNER, LLC	5 . <b>2</b>
Florida document number L22000347422  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 address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address	( <u>Name of the Limited Lia</u> (A Flo	ability Company as it now appears on our rorida Limited Liability Company)	CE CE CO
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 Agent:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida street address		y Company were filed on AUGUST 8.	2022 and assigned —
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Enter Florida street address	Name of New Registered Agent:	<del> </del>	
	New Registered Office Address:	F 17	
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City Zip Code		Circ	

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	WMG MELBOURNE SMALL BA	2801 SW 31ST AVENUE, SUITE 2B	□Add
		COCONUT GROVE, FL 33133	Remove
			□ Change
AMBR	WMG SPACE COAST MANAGES	2801 SW 31ST AVENUE, SUITE 2B	■Add
		COCONUT GROVE, FL 33133	□Remove
			□Change
			🖸 Add
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