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11/2/2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 085174 8353560

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: October 28, 2022

ORDER TIME : 1:37 PM

ORDER NO. : 085174-010

CUSTOMER NO: 8353560

DOMESTIC AMENDMENT FILING

NAME: WMG 7715 ELLIS ROAD 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#

EXAMINER'S INITIALS:

COVER LETTER

	gistration Se vision of Cor					
•	WMG 7715	ELLIS ROAD MELBOURN	E OWNER, LLC			
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
			_			
		NATALIE KOZA				
		-	Name of Person	<u>-</u>		
		GOODKIND & FLORIO	PA .			
Firm/Company						
		ELLIS ROAD MELBOURNE OWNER, LLC Name of Limited Liability Company Amendment and fee(s) are submitted for tiling, dence 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 NATALIE@GOODKINDANDFLORIO.COM E-mail address: (to be used for future annual report notification) necerning this matter, please call: Person at () Daytime Telephone Number c following amount: Stolowing amount: Stolowing amount: Stolowing amount: Street Address: Registration Section				
Address						
		MIAMI, FL 33133				
			•			
		-		- Committee - Comm		
For further i	Address MIAMI, FL 33133 City/State and Zip Code NATALIE@GOODKINDANDFLORIO.COM E-mail address: (to be used for future annual report notification) rther information concerning this matter, please call: at ()					
	Name o	f Person	Area Code Dayt	ime Telephone Number		
Enclosed is	a check for th	ne following amount:				
■ \$25.00 I	Filing Fee		Certified Copy	Certificate of Status & Certified Copy		
Mailing Address: Registration Section						
Division of Corporations		Division of C	Division of Corporations			
), Box 632 Hahassee, I		The Centre of 2415 N. Mont	Tallahassee roe Street, Suite 810		

Tallahassee, FL 32303



October 31, 2022

RESUBMIT

Please give original submission date as file date.

CORPORATION SERVICE COMPANY

SUBJECT: WMG 7715 ELLIS ROAD MELBOURNE OWNER, LLC

Ref. Number: L22000347428

We have received your document for WMG 7715 ELLIS ROAD MELBOURNE OWNER, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

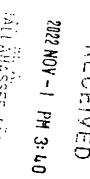
You must list the complete names of the authorized persons listed in your document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 222A00024402



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 011 28 mm 9: 29

WMG 7715 ELLIS ROAD MELBOURNE OWNER, 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 AUGUST 8, 2022 and assigned Florida document number $\frac{L22000347428}{L22000347428}$ 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 "L.L.C." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, 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:

MGR = Manager AMBR 7 Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	WMG MELHOURNE SMALL BAY PORTFOLIO HOLDINGS, LEC	2801 SW 31ST AVENUE, SUITE 2B	🗀 Add
		COCONUT GROVE, FL 33133	■Remove
			□ Change
AMBR	WMG SPACE COAST MANAGEMENT, LLC	2801 SW 31ST AVENUE, SUITE 2B	■ Add
		COCONUT GROVE, FL 33133	□Remove
			□Change
			□Add
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ffective date, if other than the data effective date is listed, the date must be something of the date inserted in this bloc ocument's effective date on the Dep	k does not meet the appl	icable statutory filing r	(optional) than 90 days after tiling.) equirements, this date v	Pursuant to 605.0207 vill not be listed as t
record specifies a delayed effective of is filed.	late, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
OCTOBER 27	, 2022	·		
	Rate			
	1600	\mathcal{V}		
Si	gnature of a member or aut	horized representative of	a member	

Filing Fee: \$25.00