# Laa000347435

	(Requestor's Name)	
	(Address)	
_	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<u>.</u>
Certified Copies	_ Certificates of S	tatus
Special Instructions to		
	J. HORNE OCT 3 1 2022	
	J. T. 3 1 2022	
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Office Use Only



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SECRETARY OF US

### €D 2022 OCT 28 AH IO: 09

2022 OCT 28 PH 4: 02

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO.	:	120000000	195
REFERENCE	:	085174	.83

AUTHORIZATION :

COST LIMIT : \$ 25.00

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ORDER DATE: October 28, 2022

ORDER TIME : 1:39 PM

ORDER NO. : 085174-035

CUSTOMER NO: 8353560

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### DOMESTIC AMENDMENT FILING

NAME: WMG 641 CLEAR LAKE ROAD COCOA

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**

TO:

Registration Section Division of Corporations

SUBJECT:	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	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	ANDFLORIO.COM	
	E-mail address: (	to be used for future annual report no	tification)
For further information of	oncerning this matter, please c	all;	
Name of Person		at () Area Code Daytii	ne Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration So	ection
Division of C	•	Division of Co	•
P.O. Box 632		The Centre of	
Tallahassee, l	r L 32314	2415 N. Monro	be Street. Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

75 S

WMG 641 CLEAR LAKE ROAD COO	COA OWNER, LLC	130 CT
(Name of the Limited (A	Liability Company as it now appears on our rec Florida Limited Liability Company)	ords.) (32 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
The Articles of Organization for this Limited Liab Florida document number L22000347435		o22 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	iress
<del>-</del>	City .	FloridaZip Code

## 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>	<u>Address</u>	Type of Action
AMBR	WMG MELBOURNE SMALL BA	2801 SW 31ST AVENUE, SUITE 2B	
		COCONUT GROVE, FL 33133	■Remove
			□Change
AMBR	WMG SPACE COAST MANAGEN	2801 SW 31ST AVENUE, SUITE 2B	■Add
		COCONUT GROVE, FL 33133	□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
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	he date of filing: nust be specific and ca	et the applicable sta	of filing or more than 90 tutory filing requiren	(optional) days after filing.) Pursuant nents, this date will not l	to 605.0201 be listed as
Effective date, if other than It an effective date is listed, the date Note: If the date inserted in thi document's effective date on the		ie s records.			
Note: If the date inserted in thi document's effective date on the erecord specifies a delayed effe	Department of Stat		12:01 a.m. on the ear	ier of: (b) The 90th da	y after the
Note: If the date inserted in thi document's effective date on the erecord specifies a delayed effect is filed.	Department of Stat		12:01 a.m. on the ear	ier of: (b) The 90th da	y after the
Note: If the date inserted in thi document's effective date on the erecord specifies a delayed effe	Department of Stat	effective time, at	12:01 a.m. on the ear	ier of: (b) The 90th da	y after the

Filing Fee: \$25.00