

Account Name	: TAX ZONE INC.
Account Number	: I20190000044
Phone	: (407)888-3131
Fax Number	: (888)453-0509

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

Email Address: <u>CCCCCATOAT @</u>	
LLC AMND/RESTATE/CORR WDM PROPERTY H	
Certificate of Status	0
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To:

Page	5 of 8	2022-08-26 19:38 51 GMT	18884530509	From: Tax Zone
		COVER LETTER	<b>ર</b>	20002899/93
TO: Registration S Division of Co			:	
WDM PR	OPERTY HOKLINGS LLC			
SUBJECT:	Name of I	imited Liability Company		
The enclosed Articles of	Amondment and fee(s) are s	submitted for filing.		
Please return all corresp	ondence concerning this matt	ter to the following:		
	MORRIS, DELIA M			
		Name of Person		
		Firm/Company		
	3000 PENELOPE LOO	P		
	<u></u>	Address		
	KISSIMMEE, FL 34746	5		
	ACCOUNTANT@TAX	City/State and Zip Code ZONEFL.COM		
	-	s: (to be used for future annual re	port notification)	
For further information	concerning this matter, please	e call:		
MORRIS, DELIA M			-3131	
Name	of Person	at () Area Code	Daytime Telephone Number	
Enclosed is a check for t	the following amount:			
■ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enck)	Certificato (brod) Certified (	of Status &
Mailing Addre	<b>16</b> 1	Street Add	dr/ess.	
Registration	Section	Registra	tion Section	
Division of Corporations		Division	of Corporations	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To.

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 To

2022-08-26 19:38:51 GMT

4220002899193

From: Tax Zone

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WDM PROPERTY HOKLINGS LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000364576</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
WDM PROPERTY HOLDINGS LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity 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:	<u></u>	
(Mailing address MAY BE A POST OFFICE BOX)		
	غ	
B. If amending the registered ageut and/or registered office a	address on our records, <u>enter the nă</u>	me of the new registered
agent and/or the new registered office address here:		E E
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida stree: address	AM11: 46
	, Florida _	NTOF 6
	Ciņ	Zip 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.

18884530509

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>	Name	<u>Address</u>	Type of Action
			🗋 Add
			□Remove
			□Change
		·	🖸 Add
			🗆 Remove
			Change
			□ ∧ dd
			🗆 Change
			□Add
			🗌 Remove
			Change
<u></u>			🗆 Add
			🗆 Remove
			□Change
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			🗆 Change

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From: Tax Zone

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## D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Note:	If the date inserted	than the date of filing to date must be specific and in this block does not n on the Department of S	neet the applicat	date of filing or a ble statutory fili	(opti more than 90 days afte ng requirements, th	ional) r filing.) Pursuant to 60 is date will not be lis	)5.0207 (3)(b) sted as the
If the reco record is f	rd specifies a delaye iled.	d effective date, but not	an effective tim	e, at 12:01 a.m.	on the carlier of: ()	b) The 90th day aft	er the
Dated	AUGUST 26	<u> </u>	2022				

Deliati Havis

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Signature of a member or authorized representative of a member

MORRIS, DELIA M

Typed or printed name of signee