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COVER LETTER

TO:	Registration Section Division of Corpor				ı			
cun er	WNC PF2876	LLC						
SUBJE	[]:		Name of Limit	ed Liability Co	mpany			
The enc	losed Articles of Am	endment and	fee(s) are subm	nitted for filin	Ř.			
Please re	eturn all corresponde	nce concerni	ng this matter to	o the followin	g:			
		MARIA G L	INO					
				Name of	Person			-
		WNC PF287	68, LLC					
				Firm/Co	mpany			
		601 W 50 S	r					
		-		Addr	ess			_
		МІАМІ ВЕ	ACH, FL 33140					
		-		City/State an	d Zip Code			-
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			-mail address; (to		ture annual re	eport notifica	ation)	
For furt	her information conc	erning this n	atter, please cal	11:				
MARIA	G LINO			780 at(556) i Code	6-1596		
	Name of Pe	rson		Area	i Code	Daytime T	elephone Numbo	er
Enclose	d is a check for the f	ollowing and	ount:	ı				
■ \$25	.00 Filing Fee		ing Fee & te of Status	Ċertific	Filing Fee & ed Copy al copy is encle		Certifie	ate of Status &
	Mailing Address: Registration Sec Division of Corp.O. Box 6327 Tallahassee, FL	porations			Division The Cen 2415 N.	tion Secti of Corpo tre of Tal	orations Hahassee Street, Suite	810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WNC PF28768, 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 $\underline{09/08/2022}$ _____ and assigned Florida document number L22000392878 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 "Ll.C" 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 _. Florida _ City 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

MGR = N AMBR = A	lanager Authorized Member		
<u> Fitle</u>	<u>Name</u>	Address	Type of Action
AMBR	SERGIO R CASTRO	2 FLYCTACHER WAY	= Add
		UNIT 280	Remove
		ARDEN, NC 28704	Change
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(If an effi Note:	If the date inserted in thi	the date of filing:
ne record ord is fil		ctive date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated .	OCTOBER 5	2022
Dateu		
		Signature of a member or authorized representative of a member
	MARIA G LINO	Y .

Filing Fee: \$25.00