# L22000451248

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R. HUNT 17/28/23

### **COVER LETTER**

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
EFW-PIZ.	ARRO WPBSON SPV, LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The england Ariston of			
	Amendment and fee(s) are sul		
Please return all correspondence	ondence concerning this matter	to the following:	
	Kathryn Wood, Esq.		
	_	Name of Person	·
	Ainsworth & Clancy, PLI	.C	
		Firm/Company	
	801 Brickell Ave. 8th Fl		
		Address	<del></del> _
	Miami, FL 33131		
		City/State and Zip Code	
	katic@business-esq.com		
		to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Kathryn Wood		305 6003816	
Name o	f Person	at ()	e Telephone Number
Enclosed is a check for ti	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres	<u>s:</u>	Street Address:	
Registration Section		Registration Sec	
Division of C P.O. Box 632		Division of Corp	
P.O. BOX 0527		The Centre of T	ananassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EFW-PIZARRO WPBSON SPV, 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 10/20/2022 \_\_\_\_ and assigned Florida document number L22000451248 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: EFW-Pizarro Aquinas, LLC 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 \_. 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

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
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ne record The 90	I specifies a delayed effective date, but not an effective time, at 12:01 a.m th day after the record is filed.	. on the earlier
Dated	, ·,	
	Signature of a member of a member	
	y a defined	
	Kathryn Wood	

Filing Fee: \$25.00