## L22000503159

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## CORPORATE ACCESS, \_\_\_\_

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236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WFA ADVENTURES LLC		
(Name of the Limited	Liability Company as it now appears on our in Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab	oility Company were filed on 11/29/22	and assigned
Florida document number L22000503159	·	0
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
WF ADVENTURES LLC		
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	<u></u>
B. If amending the registered agent and/or reg		enter the name of the new registered
The second secon		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street d	address
		Florida
	City	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.

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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record specific d is filed.	s a delayed eff	fective date, bu	it not an effecti	ive time, at 12	:01 a.m. on the	e earlier of: (b	) The 90th day	after the
DECEM	BER 6		2022	·				
ated		$\sim$	^					
Dated	·	DQ 11						
Pated		Signature	of a member or	authorized repr	esentative of a r	nember		_

Filing Fee: \$25.00