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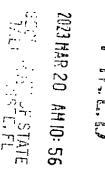
(R	Requestor's Name)	
(A	(ddress)	
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name)	1
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Certified Copies	Certificates o	f Status
Special Instructions t	o Filing Officer:	

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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
	WB MGMT	T LLC				
SUBJECT:		Name of Lim	ited Liability Company			
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
		ndence concerning this matter	_			
		Will H Bradwell				
			Name of Person			
		WB MGMT LLC				
			Firm/Company			
٠		1535 SW 122nd Ave Apt 1				
		*- N	Address		202 (:)	, }
		Miami, Fl 33184		Ë	3 HAI	(
			City/State and Zip Code		2023 HAR 20	ecto Anna U
		wbradwell@gmail.com	to be used for future annual report no	(), (),		
For further in	nformation c	oncerning this matter, please co	•	incanom In	AH IO: 51 OF STATE	, par
Will Bradwo	ell		786 457-8993	r	मं क	
	Name o	f Person	Area Code Daytii	ne Telephone Number		
Enclosed is	i check for th	ne following amount:				
■ \$25.00 f	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60,00 Filin Certificate of Certified Co (additional co)	of Status opy	
	iling Addres gistration S		<u>Street Address:</u> Registration So	ection		
	_	orporations	Division of Co			
). Box 632		The Centre of			
Tal	llahassee, I	rt. 32314	2415 N. Monro	oe Street, Suite 810	1	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ars on our records.)
1/30/2023 and assigned
iere:
designation "LLC" or the abbreviation "L.L.C."
2028 H/R
20 00
T. 150
S - 1
records, <u>enter the name of the new reg</u> i
orida street address
, Florida 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
AMBR	WEST BRADWELL, CHRISTINE &	1535 SW 122ND AVE, APT. 1	UAdd
		MIAMI. FL 33184	■Remove
			□Change
			□Remove
			Change De Da Add
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Effective date, if other than the	date of filing:	(optional) ng or more than 90 days after filing.) Pursuant to	.
Note: If the date inserted in this blo	ock does not meet the applicable statutor	ry filing requirements, this date will not be	e listed a
document's effective date on the Do	:partment of State's records.		
ne record specifies a delayed effectiv ord is filed.	e date, but not an effective time, at 12:01	La,m, on the earlier of: (b) The 90th day	after the
A William			
	2023	58 8	•
Dated March 17th			
Dated March 17th		127 KB	í
Dated March 17th	BUIL	129 MAR	
Dated March 17th	Signature of a member or authorized represe	•	