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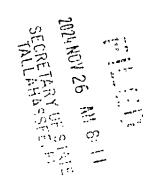
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COVER LETTER

Division of Co		•		
Brueggema	ann WGB Investments LLC			
SUBJEC1:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
	ondence concerning this matter	_		
	Tim Brueggemann			
		Name of Person		
		Firm/Company		
	1011 SW 23rd Rd		SECTA	= 71
		Address		2 40,000
	Miami, FL 33129			6
	timbruegge@gmail.com	City/State and Zip Code	SECRETARY OF STATE STALL AHASSEE, FI	60
	E-mail address:	(to be used for future annual report notif	cation)	
For further information of	concerning this matter, please of	eall:		
Tim Brueggemann		305 903-5534 at ()		
Name o	of Person		Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres	<u>55;</u>	Street Address:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Brueggemann WGB Investments 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 $\frac{02/06/2023}{1}$ and assigned Florida document number L23000067523 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 "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

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.

City

, Florida _

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	Address	Type of Action
MGR	Susan LaFleur	1011 SW 23rd Rd	
		Miami, FL 33129	\exists Remove
			□ Change
AMBR	Klaus Brueggemann	1011 SW 23rd Rd	
		Miami, FL 33129	□ Remove
			
			□Add
			Remove 2021 FlOV 260 Add
			AHAR DAdd
			Change
			🖸 Add
			□ Remove
		<u> </u>	🗆 Add
			□ Remove
			□Change

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<u>te:</u> If t	date, if other we date is listed, the date inserte 's effective date	d in this block	does not n	neet the ap	prior to date	of filing o tatutory fi	r more than ling requir	(opt 90 days afte ements, th	ional) r filing.) P is date wi	ursuant t 11 not be	o 605.020 e list ed a
cord sr	pecifies a delay	ed effective da	ite, but not	an effectiv	ve time, a	t 12:01 a.i	n. on the e	arlier of: (b) The 9	Oth day	after the
s filed.					•			`		·	
, No	ovember 9	^		2024							
ed		17/2	 ·	•	· ·						
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Filing Fee: \$25.00