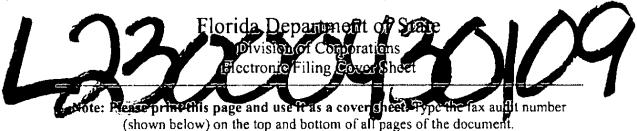
1/9/24, 4:19 PM

Division of Corporations



(((H24000013189 3)))



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Fax Number : (850)617-6383

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 Phone : (718)569-2703 Fax Number : (718)504-7890

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WPALF OPCO LLC

Certificate of Status	0
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To:

(((H240000131893)))

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WP ALF OPCO LLC				
(Name of the Limited   inhibit Common (A Flors) a Limited	any as It now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000430109</u>	y were fil <b>ed</b> on <u>09/1</u>	4/2023	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lial	oility company her	<b>e</b> :		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the des	ignation "LLC" or the	abbreviation "L.I.	C."
Enter new principal offices address, if applicable:	·····			
(Principal office address MUST BE A STREET ADDRESS)	<b></b>			<del></del>
	<del>***</del>			· · · · ·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)	214 411 2.227			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent.	address on our rec	ords, <u>enter the na</u>	me of the new	registere
New Registered Office Address:				
	Enter Florida	street address		<del></del>
		, Florida		
ow Registered Agent's Signature, if changing Registered Agent:	City		Zip Code	
hereby accept the appointment as registered agent and agreerovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office ompany has been notified in writing of this change.  If Chan	performance of my provided for in Chi	e duties, and Lam apter 603, F.S. Or confirm that the li	familiar with , if this docum mited liability	and ient is
			· · · · · · · · · · · · · · · · · · ·	<del>-</del>

From: Alexander Englard

(((H240000131893)))

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	<u>Address</u>	Type of Action
MGR	SCHOENFELD, ROBERT	3512 QUENTIN RD STE 200	□∧dd
		BROOKLYN, NY 11234	<b>■</b> Remove
		•	DChange
MBR	WP ALF HOLDCO LLC	3512 QUENTIN RD STE 200	를 Add
		BROOKLYN, NY 11234	□Remove
			□Change
<u></u>			
			DCharge
			DAdd
			(DRemove
			□ Change
			□Add
			[] Remove
			Change
***************************************			DAdd
		***************************************	

From: Alexander Englard

(((11240000131893)))

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<u>Note:</u> II	e date, if other than the date of filing:  (optional)  tive date is fisted, the date must be specific and connot be prior to date of filing or more than 90 days after filing.) Parsuant to 605.020  'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
record: d is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the i.
Jated	muary 8th