Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

Electronic Filing Cover Sheet

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To:			124 OC	
Division of Cor	rporations	-	\Box	•
fax Number	: (850)617-6383	<u> </u>		
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From:		<u></u>		
Account Name	: ZENBUSINESS INC.	ůı.	70	1
Account Number	: 120230000190	-1 1	PM 12:	-
Phone	; (844)449-3624	三 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二 二	72	_
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Fax Number	: (512)597-0678	LORIDA	56	

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WPM SERVICES LLC

Certificate of Status	0
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Page Count	05
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Electronic Filing Menu Corporate Filing Menu

Help

Tallahassee, FL 32314

2024-10-15 11:51:48 UTC+14 COVER LETTER

18506176383

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

From: ZenBusiness User

TO: Registration So Division of Cou			
WPM Serv	rices LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jonathan Taboada		
		Name of Person	
	ZenBusiness INC		
		Firm/Company	
	336 E. College Ave Suite	301	
	<u> </u>	Address	<u> </u>
	Tallahassee, FL 32301		
	fulfillment@zenbusiness.co	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
c/o ZenBusiness INC		844 493-6249	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 coclosed)
Maliling Address Registration		<u>Street Address:</u> Registration Se	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632	27	The Centre of T	allahassee

TO ARTICLES OF ORGANIZATION

OF

FILED

2024 OCT 15 PM 12: 56

WPM Services 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 florida document number 1.23000474570	were filed on 2023-10-16 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
he new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1839 east lake cannon dr nw
Principal office address MUST BE A STREET ADDRESS)	Winter Haven, FL 33881
	Polk County US
Enter new mailing address, if applicable:	1839 east lake cannon dr nw
Mailing address MAY BE A POST OFFICE BOX)	Winter Haven, FL 33881
	Polk County US
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here: Name of New Registered Agent:	nddress on our records, <u>enter the name of the new regis</u> t
New Registered Office Address:	Enter Florida street 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.

To: Page: 4 of 5 2024-10-15 11:51:48 UTC+14 18506176383 From: ZenBusiness User in amenoning Authorized Person(s) authorized to manage, enter the fine, name, and address of each person being added

or removed from our records:

MGR = Manager

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Titus Burgner	2514 Crews Lake Hills Loop North	
		Lakeland, FL 33813-3861	≡ Remove
		US	Change
			\Add
			□Remove
			□Change
			□Add
			□Remove
		-	□Change
			□Add
			□ Remove
			□Change
			□Add
			Remove
			Change
			□Add
			□Remove
			Change

* Page: 5 of 5

If amending any	other information, o	enter change(s) here	:: (Attach additio	nal sheets, if nece	essary.)		
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(If an effective date is I Note: If the date it	serted in this block do	of filing: ceific and cannot be prior less not meet the application of State's records.	able statutory filing	(option than 90 days after requirements, this	filing.) Pur	suant to 6 not be li	05.0207 (3 sted as th
he record specifies a ord is filed.	delayed effective date.	but not an effective til	me, at 12:01 a.m. o	n the earlier of: (b) The 90	th day af	ter the
Dated		2024					
/s/Mattl	ew Glyn Long						
	Signat	ure of a member or autho	rized representative (of a member			
Matthey	v Glyn Long, Member						
		Typed or printe	d name of signee				

Filing Fee: \$25.00