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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

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COVER LETTER

то:	Registration Sec Division of Corp			
CHDIL		EHOUSE LLC		
	Name of Limited Liability Company			
The en	closed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
	<u>س</u> م	Zuhaib Javed		
	8: 42 STATE E. FL		Name of Person	
	AM B	WPB WAREHOUSE LLC	;	
1.2.1 1	>.∽⊙	-	Firm/Company	
	2024 HAR 28 SECRETARY TALLARA	15690 Boeing Court		
<u> </u>	JZ4 P SEC? TAI		Address	
	S 02	Wellington/Florida 33414		
			City/State and Zip Code	
		wpbwarehouse@gmail.con	1	
		E-mail address: (to be used for future annual report not	tification)
For fur	ther information co	oncerning this matter, please o	all:	
Zuhaih	Javed		561 906-7182	
	Name of	Person	Area Code Daytin	ne Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2	5.00 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 Address Registration S		Street Address:	ection
	Division of Co		Registration Se Division of Co	
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, F	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WPB WAREHOUSE 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 03/04/24 _ and assigned Florida document number 1.24000076803 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 Florida 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 omit 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 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
AMBG	Zuhaib Javed	15690 Boeing Court Wellington Flroida 33414	= Add
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n effective date is listed, the date must be specific and cannot be prior to date of filing or tee: If the date inserted in this block does not meet the applicable statutory fili	more than 90 days after filing) Pursuant to 605	020 d a
cument's effective date on the Department of State's records.		
ecord specifies a delayed effective data but not an effective time at 12.01		
ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. is filed.	on the earlier of: (b) The 90th day after	the
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Filing Fee: \$25.00