

(((H24000376909 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PETERSON & MYERS PA

Account Number : I20080000078 Phone : (863)683-6511 : (863)688-8099 Fax Number

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

Email Address: <u>Awalls@petersonmyers.com</u>

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WANG COMMERCIAL PROPERTIES, LLC

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Tallahassee, FL 32314

COVER LETTER

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| | gistration Sec vision of Corp | | | |
|---------------|----------------------------------|---|---|--|
| SUBJECT: | | MMERCIAL PROPERTIES, | LLC | |
| SUBJECT: | - | Name of Lim | ited Liability Company | |
| 201 | | | misted for filing | |
| | | Amendment and fee(s) are sub | | |
| Płease retur. | n all correspor | idence concerning this matter | to the following: | |
| | | AMANDA L. WALLS | | |
| | | - | Name of Person | |
| | | PETERSON & MYERS, F | P.A. | |
| | | | Firm/Company | |
| | | 225 EAST LEMON STRE | ET, SUITE 300 | |
| | | | Address | |
| | | LAKELAND, FLORIDA | 33801 | |
| | | | City/State and Zip Code | |
| | | AWALLS@PETERSONM | YERS.COM to be used for future annual report no | otification) |
| For further i | information co | ncerning this matter, please co | | |
| AMANDA | L. WALLS | | 863 683-6511 atC—) | |
| | Name of | Person | Area Code Days | ime Telephone Number |
| Enclosed is | a check for the | e following amount: | | |
| B \$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) |
| | ulling Address | | <u>Street Address:</u> Registration S | Section |
| Di | vision of Co | orporations | Division of C | orporations |
| P.0 | D. Box 6327 | 7 | The Centre of | Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

company has been notified in writing of this change.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000376909 3)))

| WANG COMMERCIAL PROPERTIES, LLC | | |
|---|---|---|
| (Name of the Limited Liability Compan- (A Florida Limited Li | y as it now appears on our rability Company) | ecords.) |
| The Articles of Organization for this Limited Liability Company v Florida document number L24000097704 | vere filed on 02/27/2024 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabil | ty company here: | |
| The new name must be distinguishable and contain the words "Limited Liability | v Company " the dealeration | WITC" or the abbremistion III I C" |
| | y Company, die designation | DAG of the appropriation Line. |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STRRET ADDRESS) | | _ |
| • | | 22 |
| | | |
| Enter new mailing address, if applicable: | - | |
| (Mailing address MAY BE A POST OFFICE BOX) | | , υ ω |
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| | | ြည်း 🔾 |
| B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: | dress on our records, <u>e</u> | nter the name of the new registered |
| | | |
| Name of New Registered Agent: | <u></u> | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress |
| | , Florida | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a | erformance of my dutie ovided for in Chapter 6 | s, and I am familiar with and 605, F.S. Or, if this document is |

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:

(((H24000376909 3)))

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--------------|--|----------------|
| MGR | STACY NEWSOM | 13907 N. DALE MABRY HWY, SUITE 200 | = Add |
| | | TAMPA, FL 33618 | □ Remove |
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| <u>te:</u> If | e date, if other than tive date is listed, the date the date inserted in th t's effective date on th | is block does : | not meet the a | pplicable stat | filing or more the story filing requ | (option on 90 days after fi direments, this o | ial) ling.) Pursuan date will not | t to 605.020 be listed a |
| cord s s filed | specifics a delayed effo l. | ective date, bu | t not an effect | ive time, at 13 | 2;01 a,m. on the | earlier of: (b) | The 90th da | ay after the |
| ed _ | NOVEMBER 13 | de la | h/all | ······································ | . | | | |
| | | | " U U U - " . | a | | | | |
| | Syman | Signature | of a member or | authorized rep | resentative of a n | iember | | |

Filing Fee: \$25.00

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