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.

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| To: | | 7.7 |
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| | Division of Corporations | ∓; <u>*</u> . |
| | Fax Number : (850)617-6383 | S ?. |
| From: | | · - - , |
| | Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC | |
| | Account Number : 120070000020 | |
| | Phone : (813)435-3176 | PSE PSE |
| | Fax Number : (813)333-6358 | Ţ |
| *Enter t | he email address for this business entity to be used for f | intuce |

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MWB DEVELOPMENTS LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MWB DEVELOPMENTS 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 we Florida document number L24000209317 | ere filed on | 05/06/2024 | and assigned |
|---|-----------------------------|--------------------------------|---|
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liability | ty company | here: | |
| The new name must be distinguishable and contain the words "Limited Liability | Company," th | c designation "L | LC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | | |
| (Principal office address MUST BE A STREET ADDRESS) | | <u> </u> | |
| - | | | |
| Enter new mailing address, if applicable: | | - | |
| (Mailing address MAY BE A POST OFFICE BOX) | · | | |
| B. If amending the registered agent and/or registered office addagent and/or the new registered office address here: | dress on our | records, ente | er the name of the new registered |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | Enter F | lorida street addr | |
| | | | |
| | City | , ŧ | Florida Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | | - |
| I hereby accept the appointment as registered agent and agree a provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office adcompany has been notified in writing of this change. | rformance o vided for in | of my duties, o Chapter 605 | and I am familiar with and , 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:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
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| AP | Irina Klym | 4300 BISCAYNE BLVD | ≅Add |
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| fective date, if other on effective date is listed, ote: If the date inserted councert's effective da | the date must be speced in this block doe | ific and cunnot be p | rior to date of filing or | more than 90 days aft | tional) er filing.) Pursuant to 605.02 his date will not be listed a |
| ecord specifies a delay is filed. | ed effective date, b | out not an effectiv | e time, at 12:01 a.m | a. on the earlier of: | (b) The 90th day after th |
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