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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BILZIN SUMBERG BAENA PRICE & AXELROD LLP

Account Number : 075350000132

Phone : (305)374-7580

Fax Number : (305)351-2122

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

Email Address: afinley@bilzin.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WMB GLOBAL 2018 LLC

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT **BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

| Name of limited liability Company as it appears WMB Global 2018 LLC | • |
|--|---|
| State: WMB Global 2018 LLC | |
| Enter new principal office address, if applicable: | |
| (<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>) | |
| | ;- · |
| Enter new mailing address, if applicable: (Mailing address | : |
| MAY BE A POST OFFICE BON | |
| | 7. |
| 2. The Horida document number of this limited lia | bility company is: M23000012680 |
| | ·. · |
| | |
| 4. Date authorized to do business in Florida: Octo | ber 3, 2023 |
| SECTION II (5-9 complete only the applicable | changes) |
| 5. New name of the limited liability company: | t contain "Limited Liability Company, " "L.L.C.," or "LLC.") |
| (mus | t contain "Limited Liability Company, " "L.L.C.," or "LLC.") |
| | for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name 2." or "LLC.") |
| 6. If amending the registered agent and/or registered registered agent and/or the new registered office ac | ed officer address on our records, enter the name of the new idress here: |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| | Enter Florida Street Address |
| | , Florida City Zip Code |
| | - |
| the provisions of all statutes relative to the proper and accept the obligations of my position as regist | nt and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address. I hereby confirm that the limited |
| —————————————————————————————————————— | hanging Registered Agent, Signature of New Registered Agent |

| | | cordance with 605.0902 (1)(e), indicate that | change: |
|--|-------------------|---|-----------------|
| tle/ Capacity Name | •••• | Address | Type of Action |
| IGR WMB Resources LLC | | 6641 Dublin Center Drive | □Add |
| | | Dublin, OH 43017 | = Remove |
| IGR Padel Development Comp | oany LLC | 6641 Dublin Center Drive | ∃ Add |
| | | Dublin, OH 43017 | □Remove |
| | | | □Add |
| | | | □Remove |
| | | | □Add |
| | | | □Remove |
| | | | □Add |
| Attached is a certificate, if required; no aforementioned amendment(s), duly au jurisdiction under the law of which this | thenticated by tl | he official having custody of records in the zed. | Remove |
| | - Pi | Brian Murphy ne authorized representative | |

Filing Fee: \$25.00