

L12000091568

Florida Department of State
Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WIBICH, I.L.C

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((H18000023981 3))

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WIBICHI, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

Name of Person

WERMUTH PANELL ORTIZ, PLLC

Firm/Company

8750 NW 36th STREET, SUITE 425

Address

DORAL, FL 33178

City/State and Zip Code

eli@wpolaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ELI PANELL, ESQ., CPA, CFP(r), LL.M.

305

513-8606

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
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\$55.00 Filing Fee &
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(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WIBICH, 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 07/16/2012 and assigned Florida document number L12000091568

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C/O Eliezer Panell, Esq., CPA, CFP(r), LL.M

8750 NW 36 St, Suite 425

Doral, FL 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

C/O Eliezer Panell, Esq., CPA, CFP(r), LL.M

8750 NW 36 St, Suite 425

Doral, FL 33178

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:

WERMUTH PANELL & ORTIZ, PLLC

New Registered Office Address:

8750 NW 36 St, Suite 425

Enter Florida street address

Doral

Florida

33178

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, hereby confirm that the limited liability company has been notified in writing of this change.

[Handwritten Signature]

If Changing Registered Agent, Signature of New Registered Agent

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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>	<u>Type of Action</u>
MGR	MATIAS ERCOLESSI	10275 COLLINS AVE. #214	<input type="checkbox"/> Add
		BAL HARBOR, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAYHER ERCOLESSI	10275 COLLINS AVE. #214	<input type="checkbox"/> Add
		BAL HARBOR, FL 33154	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARGARITA B. RIVERA	8750 NW 36 ST, SUITE 425	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	GUILLERMO J. ERCOLESSI	8750 NW 36 ST, SUITE 425	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARIA F. ERCOLESSI	8750 NW 36 ST, SUITE 425	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEBASTIAN ERCOLESSI	8750 NW 36 ST, SUITE 425	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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>	<u>Type of Action</u>
AMBR	LUCIA B. ERCOLESSI	8750 NW 36 ST, SUITE 425	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARGARITA ERCOLESSI	8750 NW 36 ST, SUITE 425	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MATIAS ERCOLESSI	8750 NW 36 ST, SUITE 425	<input checked="" type="checkbox"/> Add
		DORAL, FL 33178	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Lined area for amending information with a vertical stamp: FILED 18 JAN 22 AM 8:30

F. Effective date, if other than the date of filing: 12/31/2017 (optional)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 11/30/2017 12 PM

Signature of a member or authorized representative of a member

MATIAS ERCOLESSI

Typed or printed name of signer