

L13000050470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

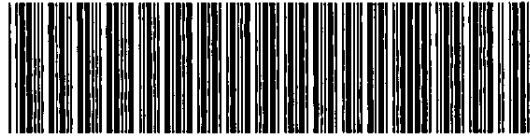
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 JUL 22 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Ouffgan JUL 23 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WENGEN USA LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**ANA SANCHO**  
Name of Person  
**WENGEN USA LLC**  
Firm/Company  
**20533 BISCAYNE BLVD #1313**  
Address  
**AVENTURA, FL 33180**  
City/State and Zip Code  
**cemfrance2@gmail.com**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Ana Sancho** at ( **786** ) **333-6066**  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

**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



If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOAN GARCIA SANCHO	20533 BISCAYNE BLV #1313	<input checked="" type="checkbox"/> Add
		AVENTURA, FL 33180	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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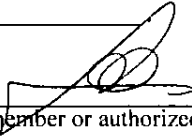
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Dated \_\_\_\_\_, \_\_\_\_\_



Signature of a member or authorized representative of a member

**ANA SANCHO**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**2019 JUL 22 PM 1:48**  
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**TALLAHASSEE, FLORIDA**