115000013151

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





400332768704

Q8/105/19--01011--071 **•★2**5.00

19 AUG - 5 AH IO: 14

AUB 12 EM SCHROEDER

COVER LETTER

WLRO, INVESTMENT, LLC SUBJECT: 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: WILBER LEONARDO RODAS Name of Person WLRO, INVESTMENT, LLC Firm/Company 3820 NW 183TH STREET, APT 206 Address MIAMI GARDENS, FL 33055 City/State and Zip Code RODAS.W@RODASO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: WILBER L. RODAS Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Registration Section

Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

mpany here: pany," the designation "LLC" of	and assigned
mpany here:	and assigned
	r the abbreviation "L.L.C."
	r the abbreviation "L.L.C."
pany," the designation "LLC" of	r the abbreviation "L.L.C."
	19 / 19 / 19 / 19 / 19 / 19 / 19 / 19 /
NW 197 TERR	FIL NG -5
LEAH, FL 33015	
idress on our records, g	enter the name of the
Enter Florida street address	
, Flori	
μ	Zip Code

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

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	PETRA PEREZ	8365 NW 197TH TERRACE	
		HIALEAH, FL 33015	
			Remove
			Change
			□ Remove
			hange
			SECONE IARRE
			Odadd
			:= ∽ □ semovs
			Change
			□ Change
			П 4.33
			Add
			☐ Remove
			Change
			□ Remove
			5 61
			Change
			O A00
			☐ Remove
			Change

				<u> </u>						·	
											
							······································				
	,							•		·	
			·····								<u></u>
						_					
				· 							
											 -
								•	— <u>F</u> S		 -
		 								9 <u>A</u>	
									HAS SAH	- 9u	1
										27	
							 		. 4. 9	<u>.</u> Н 10:	TD -
					·				VOHION TORION		
						·			<u> </u>	£-	
				07/31/	2019						
ffective	date, if other the	an the date o	f filing:			ren:	- 4 0	(optio	onal)		(4)5 (3)0
<u>vote:</u> If the	he date inserted in	this block doc	es not me	eet the app	licable sta	nitory fili	ig require	ments, this	date will	not be	listed as
locument'	's effective date or	the Departme	ent of Sta	ate's recor	ds.						
e record	specifies a de	alaved effec	tive da	ite but	not an ei	fective	time at	12·01 a	ım on	the e	arlier of
	th day after th			ice, but	iot dir c)	cirrie, de	12.01			3111101
	ALCHET LET	Ď		2019							
, , , , , , , , , , , , , , , , , , ,	AUGUST IST	{	·	2019	·.		1				
Dated		Ιλ.			—·· , ∫	- j - f					
oated		- 1		7	. 15	- 65 (7				

D.

Page 3 of 3

Filing Fee: \$25.00