

215000142537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

JUN 07 2016
J. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SYSTEMS & BUSINESS 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:

Name of Person

DISCHINO & SCHAMY, PLLC

Firm/Company

4770 BISCAYNE BLVD. SUITE 1280

Address

MIAMI, FL 33137

City/State and Zip Code

BRENDA@DSMIAMI.COM

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

For further information concerning this matter, please call:

BRENDA SCHAMY

Name of Person

786 581-2542
at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SYSTEMS & BUSINESS 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 08/19/2015 and assigned
Florida document number L15000142537.

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 "L.L.C."

Enter new principal offices address, if applicable:

11098 BISCAYNE BLVD. #401-16

(Principal office address MUST BE A STREET ADDRESS)

MIAMI FL 33161

Enter new mailing address, if applicable:

11098 BISCAYNE BLVD. #401-16

(Mailing address MAY BE A POST OFFICE BOX)

MIAMI FL 33161

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:

New Registered Office Address:

Enter Florida street address

Florida

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, 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 added or removed from our records:

MGR = Manager
AMBR = Authorized Member

	Name	Address	Type of Action
MGR	WE MANAGERS LLC	1000 E HALLANDALE BEACH BLVD	<input type="checkbox"/> Add
		SUITE 30 HALLANDALE FL 330	<input checked="" type="checkbox"/> Remove
			D Change
MGR	ALEJANDRO SIDERO	1 1098 BISCAYNE BLVD. #401-16	<input checked="" type="checkbox"/> Add
		MIAMI FL 33161	D Remove
			D Change
			<input type="checkbox"/> Add
			D Remove
			D Change
			<input type="checkbox"/> Add
			D Remove
			D Change
			<input type="checkbox"/> Add
			D Remove
			D Change
			<input type="checkbox"/> Add
			D Remove
			D Change

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

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated JUNE 1 2016

Signature of a member or authorized representative of a member

ALEJANDRO SIERA
Typed or printed name of signee

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE