

L19000107570

7/25/2019 11:45:46 AM PDT

13238 (228388) Hon. Aranda Sando

Division of Corporations

Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEFIX2 LLC

Certificate of Status	0
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JUL 26 2019
A. LUNT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEFIX2 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:

Cheyenne Moseley
Name of Person
Legalzoom.com, Inc.
Firm/Company
101 N. Brand Blvd., 11th Floor
Address
Glendale, CA 91203
City/State and Zip Code
daikel.ody@gmail.com
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Cheyenne Moseley at (800) 773-0888 ext. 9724
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEFIX2 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 04/19/2019 and assigned Florida document number L19000107570

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

IT Group Solutions LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

10850 N.W. 2nd St. Apt. 204

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33172

Enter new mailing address, if applicable:

10850 N.W. 2nd St. Apt. 204

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33172

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

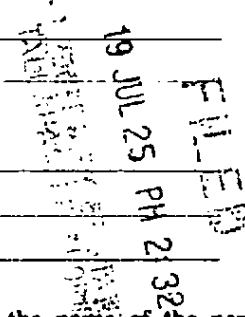
City

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	RAMON, DAIKEL	9856 SW 8TH ST., APT. 216	<input type="checkbox"/> Add
		MIAMI, FL 33174	<input checked="" type="checkbox"/> Remove
AMBR	RAMON, DAIKEL	9856 SW 8TH ST., APT. 216	<input type="checkbox"/> Add
		MIAMI, FL 33174	<input checked="" type="checkbox"/> Remove
MGR	Daikel Ramos	10850 N.W. 2nd St. Apt. 204	<input checked="" type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
AMBR	Daikel Ramos	10850 N.W. 2nd St. Apt. 204	<input checked="" type="checkbox"/> Add
		Miami, FL 33172	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

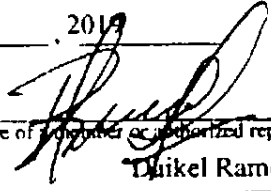
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated July 10, 2019



Signature of member or authorized representative of a member

Daikel Ramos

Typed or printed name of signee

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Filing Fee: \$25.00

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