116000102752

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

Office Use Only



200318399942

09/20/18--01013--026 **25.08

18 SEP 20 PM 5: 06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 22 2018 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
	.DINGS. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alex Telena		
		Name of Person	
	Hoyos & Aguilar, P.A.		
		Firm/Company	
	814 PONCE DE LEON BI	LVD #310	F 2
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	20 PM 5: 06
	at@hacpas.net	to be used for future annual report notifi-	
For further information	concerning this matter, please co	·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Alex Telena		305 444.2500	
Name	of Person	at () 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)
Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WTE HOLDINGS, LLC

WTE HOLDINGS, LLC		
(<u>Name of the Limited Liability Company</u> (A Florida Limited Liab	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company we	ere filed on 05/25/2016 and assigned	
Florida document number L16000102752		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabilit	ty 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)	<u> </u>	_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	the address on our records, enter the name of the) - -
Name of New Registered Agent:		_
New Registered Office Address:		_
	Enter Florida street address	
	Florida	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
MGR	MURGA, MIREYA	814 PONCE DE LEON BLVD	□ Add
		STE 310	
			Remove
		CORAL GABLES, FL 33134	□ Change
MGR	PEREZ, YOAMYS	814 PONCE DE LEON BLVD	·
		STE 310	Add
			□ Remove
		CORAL GABLES, FL 33134	□ Change
			<u> </u>
		w- · · ·	Remove T
			SS 20 FT
			E Sydd & Si
			□ Remove
			☐ Change
•			Remove
			Change
			Add
			☐ Remove
			□ Channa

_							
_							
_		-		-			
_						··· = ··	
-		···-					
_	<u> </u>						
_							
_							
_			·			<u> </u>	
_							
_						<u> </u>	18
_						3.7	SEP
_						SSA:	20
_			· · · · · · · · · · · · · · · · · · ·			<u> </u>	 ←ù
-		-				***	6
ffecti	ive date if other than the da	te of filings			(n	otional)	
an eff	ive date, if other than the da lective date is listed, the date must be If the date inserted in this block	specific and can	not be prior to	date of filing or r	nore than 90 days a	fter filing.) Pursuan	t to 605.020
	ent's effective date on the Depa			ie statutory imi	ig requirements,	this date wat not	oe usted at
	cord specifies a delayed e 90th day after the record		, but not	an effective	time, at 12:0	1 a.m. on the	earlier o
ated	SEPTEMBER 18	. 21	018				
			/ /	11/2			
				Alore-	>		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00