Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004316713)))



H200004316713ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SALMON LEGAL GROUP, P.L.
Account Number : I20180000045
Phone : (786)508-2020
Fax Number : (786)209-3030

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: FILINGS@SALMONLEGAL.COM

MECENED PECIT PHUS

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WAYFINDER, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01_
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

21820

08176383 • •	Page: 09 of 12	2020-12-17 20.05:16 GMT	17862093030	From: DAVID SALMO
locuSign Envelope ID; AFEDBF	41-12A9-4858-948F-B275D2B3l	COVER LETTER	÷ •	e.
	.	COVER BETTER	Š	(((H20000431671 3)))
TO: Registration Set Division of Corp				
WAYFIND SUBJECT:	ER, LLC			
	Name of Lit	nited Liability Company		
The enclosed Articles of a	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspo	ndence concerning this matte	r to the following:		
	DAVID H. SALMON, E	SQ.		
	· · · · · · · · · · · · · · · · · · ·	Name of Person		
	SALMON LEGAL GRO	UP, P.E.		2093 DEC
		Firm/Company		
	1395 BRICKELL AVEN	UE #800		- PK
		Address		•
	MIAMI, FL 33131			<u></u>
		City/State and Zip Code		
	FILINGS@SALMONLEG		***************************************	
		(to be used for future annual report not	fication)	
	oncerning this matter, please	786 508-2020		
DAVID H. SALMON		at ()		
Name o	f Person	Area Code Daytin	e Telephone Numbe	r
Enclosed is a check for th	ne following amount:			
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	[] \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
<u> MailingAddres</u>	<u>s:</u>	<u>ŞtreetAddress:</u>		
Registration S		Registration Se		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FI. 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

17862093030

From: DAVID SALMON

DocuSign Envelope ID: AFEDBF41-12A9-4858-948F-B275D2B3EC03 ARTICLES OF AMENDMENT TON

(((H200004316713)))

10
ARTICLES OF ORGANIZATION
OF

WAYFINDER, LLC	· · · · · · · · · · · · · · · · · · ·			
(Name of the Limi	ited Liability Compa (A Florida Limited I	ny ay it now appears on ou Jability Company)	r records.)	
The Articles of Organization for this Limited 1. Florida document number 1.04000019302	iability Company	were filed on $\frac{3/11/2004}{}$		and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name o	of the limited liab	ility company here:		:
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation	on "LLC" or tl	ne abbreviation [L.L.C."
Enter new principal offices address, if appli				
(Principal office address MUST BE A STREE	ET ADDRESS)			
		<u> </u>		
Enter new mailing address, if applicable:		7300 Biscayne Blvd, S	uite 200	<u>े</u> - ज
(Mailing address MAY BE A POST OFFICE BOX)		Miami, FL 33138		
B. If amending the registered agent and/or agent and/or the new registered office addre	ess here:		. enter the	name of the new registere
Name of New Registered Agent:	CHINMOY RA	AVAL		
New Registered Office Address:	7300 Biscayne Blvd, Suite 200			
		Enter Florida stree		
	MIAMI		Florida	a 33138
		Cîŋ		Zip Code
New Registered Agent's Signature, if changing I hereby accept the appointment as register provisions of all statutes relative to the prop accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	ed agent and agr per and complete sistered agent as p registered office	ee to act in this capaci performance of my di provided for in Chapte	ities, and L r 605, F.S.	am familiar with and Or, if this document is
	(lui	usigned by: nmoy Raval		

If Changing Registered Agent, Signature of New Registered Agent

Tc: 18506176383

· Page: 11 of 12

2020-12-17 20:05:16 GMT

17862093030

From: DAVID SALMON

DocuSign Envelope ID: AFEDBF41-12A9-485B-948F-8275D2B3EC03 Transcriping Authorized rerson(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 (((H200004316713)))

<u>l'itle</u>	Name	Address	Type of Action
MGRM	ALICE MENSCII	6815 BISCAYNE BOULEVARD	🗆 Add
		SUITE 103-346	■Remove
		MIAMI, FL 33138	□Change
		\3 \ <u></u> \alphadd	
			<u> </u>
			☐Remove
			□ Change
			□⊼dd
		□ Remove	
		Change	
			□Add
		□Remove	
			\ _Add
		□Remove	
			□Change
			□ Add
			Remove
			□ Change

+ - : Page: 12 of 12 2020-12-17 20:05:16 GMT

DocuSign Envelope ID: AFEDBF41-12A9-4858-948F-B275D2B3EC03

(((H200004316713)))

From: DAVID SALMON

	2
	<u>0</u>
	P: -
	
Tective date, if other than the date of filing: In effective date is listed, the date must be specific and cannot be prior to datore: If the date inserted in this block does not meet the applicable ocument's effective date on the Department of State's records.	(optional) le of filing or more than 90 days after filing.) Pursuant to 605.03 statutory filing requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, a is filed	at 12:01 a.m. on the earlier of: (b). The 90th day after t
ned DECEMBER 17 2020	
Chinney Kaval	_
E442006E8E094C7 Signature of a member or authorized	I representative of a member