

LO1000043029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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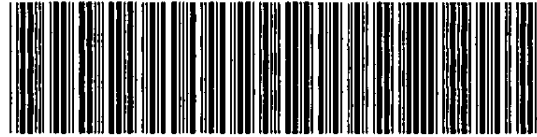
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32304

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T. CLINE

NOV - 6 2009

EXAMINER

COVER LETTER

TO: - Registration Section
Division of Corporations

SUBJECT: Weisson Oleas Design, 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:

Jose Oleas

Name of Person

Weisson Oleas Design, LLC

Firm/Company

3339 Virginia Street. # 123

Address

Miami, FL 33133

City/State and Zip Code

poleas@weissonoleas.com

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

For further information concerning this matter, please call:

Marla Dimuro

Name of Person

at (305)

365-7676 Ext #12

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

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TALLAHASSEE, FL 32301
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WEISSON OLEAS DESIGN, 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 April 23, 2007 and assigned
Florida document number L07000043029.

This amendment is submitted to amend the following:

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

n/a

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3339 Virginia Street. # 123

Miami, FL 33133

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3339 Virginia Street. # 123

Miami, FL 33133

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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBERTO CORTES	3339 Virginia Street. # 123 Miami, FL 33133	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Article V is deleted in its entirety and is replaced by the following Article V,

"The Company shall be managed by three managers consisting of

Ernesto Weissen, Jose Oleas and Roberto Cortes"

Dated October 29th, 2009

Signature of a member or authorized representative of a member

Ernesto Weissen

Typed or printed name of signee

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CLERK OF COURT
HALL COUNTY, FLORIDA

**CONSENT IN LIEU OF SPECIAL
MEETING OF MANAGER AND MEMBERS OF
WEISSON OLEAS DESIGN, LLC.**

The undersigned being all Manages and Members of WEISSON OLEAS DESIGN, LLC., a Florida limited company (hereinafter the "Company"), hereby make the following written statement in lieu of a special meeting of the Managers and Members pursuant to Section 608.4211 Florida Statutes:

RE-STRUCTURE OF MEMBER OWNERSHIP

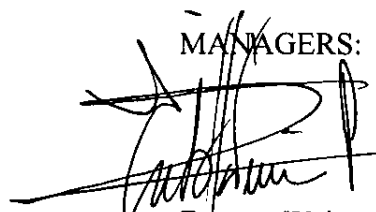
The Company, its Managing Members and Members agree to restructure the membership ownership of the Company and agree to cancel all existing certificates and issue new certificates to reflect their correct ownership percentage.

The parties certify that the new ownership percentage interest in the Company shall hereinafter be as follows:

<u>NAME</u>	<u>PERCENTAGE INTEREST</u>
Ernesto Weisson	33.33%
Roberto G. Cortes	33.33%
Jose E. Oleas	33.33%

Dated as 08/01/09

MANAGERS:

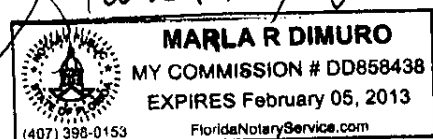
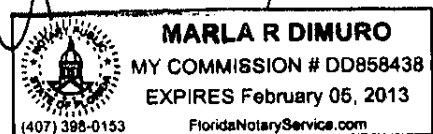
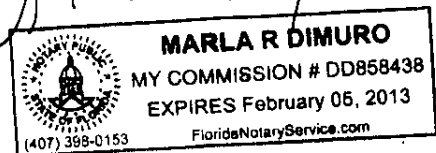

Ernesto Weisson


Roberto G. Cortes

Jose E. Oleas

JOSE E. OLEAS

State of Florida
County of Miami Dade
On this 30th day of October 2009 10/30/09
before me personally appeared
ERNESTO WEISSON, ROBERTO CORTES and
to me known to be the person who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.
G.A. (signed) Marla R Dimuro
NOTARY PUBLIC



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CLERK OF COUNTY OF MIAMI DADE
PUBLIC RECORDS DEPARTMENT