## LD8000029940

(Requestor's Name)		
(Address)		
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(0) (0) (7) (9)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
L. SELLERS		
APR - 9 2008		
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EXAMINER		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: The Wer In Company 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:
Roger Wern  (Name of Person)  The Wer In Company LLC  (Firm/Company)  3132 Hibiscus St  (Address)  May FL 33133  (City/State and Zip Code)
For further information concerning this matter, please call:
Roger Werin at (305) 5464512 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$ S30.00 Filing Fee \$ Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

(Name of the Limited Li	ability Company as it now appears on orida Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liab	ility Company were filed on $3/3$	24/68 and assigned	
This amendment is submitted to amend the follow	ing:		
A. If amending name, <u>enter the new name of th</u>	ne limited liability company here:		
The new name must be distinguishable and end with the L.L.C."	he words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
B. If amending the registered agent and/or registered agent and/or the new registered offic		records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Florida street address) , Florida (City) (Zip Code)		
_			
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Reg	zistered Agent:		
I hereby accept the appointment as registered a the provisions of all statutes relative to the prop accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	per and complete performance of n wred agent as provided for in Chapt gistered office address, I hereby con ange.	ny duties, and I am familiar with and er 608, F.S. Or, if this document is	

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Type of Action Address Name MGR Remove Remove Add Remove ∃Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) wember or authorized representative of a member Sadiet Dory Unzaga Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00