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EXAMINER



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SECRETARY OF STATE

COVER LETTER

	tration Section of Corpo					
SUBJECT:	SUBJECT: WAGLET WORKS, LLC					
_			ited Liability Company			
		nendment and fee(s) are su ence concerning this matte	-			
	a concepting	·	to the following.			
		В	ARBARA P. MALESCI			
	i'		Name of Person			
	WAGLET WORKS, LLC					
			Firm/Company			
		1207 N.E. 89 STREET				
			Address			
	,	M	IAMI, FLORIDA 33138			
		PROST	City/State and Zip Code	•		
	•	E-mail address: (UART@BELLSOUTH.NE to be used for future annual report noti	fication)		
For further info	rmation cond	perning this matter, please o	call:			
	ROGE	R GREEN	at (772)	219-6916		
	Name of Pe	erson		ne Telephone Number		
Enclosed is a ch	neck for the f	ollowing amount:				
\$25.00 Filin	g 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Control Tallahassee, FL 32	on rations enter Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W <u>A</u>	<u>GLET WORKS, LLC_</u>		·····
(<u>Name of the Limited Lia</u> l (A Flo	bility Company as it now appear rida Limited Liability Company)	<u>'s on our records.</u>)	
The Articles of Organization for this Limited Liabil Florida document numberL100000787	ity Company were filed on		and assigned
This amendment is submitted to amend the following	og:		
A. If amending name, <u>enter the new name of the</u>	limited liability company her	<u>e</u> ;	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A	DDRESS)		
			<u> </u>
			NOV NOV
Enter new mailing address, if applicable:			ASA N
(Mailing address MAY BE A POST OFFICE BOX	<u>—</u> ————		m√ C
			FS E
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on c address here:	our records, <u>enter t</u>	he hame of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ress
	, 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:

j

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> <u>Address</u> Type of Action **MGRM** BARBARA P. MALESCI 1207 N.E. 89 STREET ✓ Add Remove MIAMI, FLORIDA 33138 HAILEY R. COLETT MGRM 555 N.E. 30 STREET #803 ☐ Add ✓ Remove MIAMI, FLORIDA 33137 MGRM ARTHUR F. MALESCI 1207 N.E. 89 STREET ✓ Add MIAMI, FLORIDA 33138 ☐ Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a prember or authorized representative of a member ROGER B. GREEN, CPA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00