

L11000041958

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

364371

**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.**

(((H11000097698 3)))



H110000976983ABC8

**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 : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
W UNIT 802 LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED  
11 APR 13 PM 4:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
11 APR 13 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

J. BRYAN

APR 14 2011

<https://efile.sunbiz.org/scripts/efilcovr.exe>

4/13/2011

EXAMINER



COVER LETTER

H11000097698

TO: Registration Section  
Division of Corporations

SUBJECT: W Unit 802 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:

Thomas G. Sherman, Esq.  
Name of Person  
Thomas G. Sherman, P.A.  
Firm/Company  
90 Almeria Ave.  
Address  
Coral Gables, FL 33134  
City/State and Zip Code  
griska@uniontitleservices.com  
E-mail address: (to be used for future annual report notification)

FILED  
11 APR 13 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Griska Arguello at ( 305 ) 445-5898 ext. 204  
Name of Person 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

H11000097698

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

W UNIT 802, 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 04/07/2011 and assigned  
Florida document number L11000041958

FILED  
11 APR 13 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

This amendment is submitted to amend the following:

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

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14 NE 1st Ave

2nd Floor

Miami, FL 33132

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

City, Florida 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

H11000097698

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

Title	Name	Address	Type of Action
MGRM	Paulo Viera		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Paulo Vieira	14 NE 1st Ave. 2nd Floor Miami, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Eliane Viera		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Eliane Vieira	14 NE 1st Ave. 2nd Floor Miami, FL 33132	<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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated:

April 13, 2011



Signature of a member or authorized representative of a member

Thomas G. Sherman, Esq.

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

H11000097698

FILED  
11 APR 13 AM 7:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA