# LJ200107828

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SEP 1 7 2015 S. YOUNG

# **COVER LETTER**

то:	Registration Sec Division of Corp	etlon porations		,	
SUBJE	CCT:	WIRM PROPE	R1Y, LLC nited Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all correspor	ndence concerning this matter	to the following:		
		RAF	AEU DIAZ Name of Person		
			Firm/Company		
		39	D BIRD ROAD, Address	600	芸芸・古
		M)	City/State and Zip Code	100 001	新 器 器 器 品 品 品
For fire	thar information as	E-mail address:	(to be used for future annual report not	tification)	19 PH 2
RI	HALL DIA	12	at ( <u>786</u> ) <u>899.</u>	2540	- PA 8
	Name of	reison	Area Code Dayur	ne Telephone Number	
Enclose	ed is a check for th	e following amount:			
\$25	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &

#### 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

# TO ARTICLES OF ORGANIZATION **OF**

WIRM PROPERTY	I UC	
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number <u>L12000109929</u> .	vere filed on <u>AUG . 24, 20</u>	12 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	3950 BIRD ROAL MIANI, FL 33	7 #600 146
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3950 BIRD ROP 4/441, FV 33	AD #600 3146
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter-the name of the new
Name of New Registered Agent:		966 0 III
New Registered Office Address:	Enter Florida street address	S14 2: 5
<del>-</del>	, Florid	₹ o
	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 605, 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

## or removed from our records:

or removed to	our our records.		
MGR = Ma AMBR = Au	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
MARM	AGUOTI-DIAZ, UP	5450 SUNDET DR	
		5450 SUNDET DR UIAUI, FL 33134	Remove
			Change
MGRM	RAFAEL DIAZ	3950 BIRD ROAD, 60	D A Add
,		4/AUI, 72 33/46	Remove
			☐ Change
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(If an ef Note: docum	tive date, if other than the date of filing:  (optional)  fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.	the
f the real b) The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.	<b>:</b> :
Dated	0 11 nn6	
	/Signature of a member or authorized representative of a member	
	RAFAIT, DIAZ	
	Typed of printed name of signee	

Page 3 of 3

Filing Fee: \$25.00