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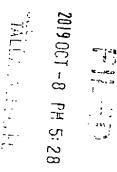
(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO:	Registration Sec Division of Corp			
enn n	Weschap 54			
SUBJE	C1;	Name of Lim	ited Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for tiling.	
Please r	eturn all correspoi	ndence concerning this matter	to the following:	
		Robert J Chalfin		
			Name of Person	
		c/o Weschap 54 LLC		
			Firm/Company	
		45 Bridge Street		
			Address	
		Metuchen, New Jersey 08	840	
		bob@chalfin.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Robert	J Chalfin		732 321-1099	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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, Ft. 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

Weschap 54 LLC					
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	ny as it now appears on our records. .ability Company))		
The Articles of Organization for this Limited L		were filed on October 4, 2012		and as	signed
Florida document number L12000126940	·				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the designation "LLC" o	or the abbrevi	ation "l.	.1C."
Enter new principal offices address, if applicable:		e/o Robert J Chalfin			
(Principal office address MUST BE A STREET ADDRESS)		45 Bridge Street	्र इ.ट.	201	
	Metuchen, New Jersey 08840		2019 OC	4 22 	
			=	 8	era
Enter new mailing address, if applicable:		<u> </u>			
Mailing address MAY BE A POST OFFICE		· ·	_ (12		
		I,	 ~		
3. If amending the registered agent and registered agent and/or the new registered o	• • • • • • • • • • • • • • • • • • • •		enter the	name	of the
Name of New Registered Agent: Andre Vagliano)			
New Registered Office Address:	7105 SW 61 Street				
		Enter Florida street address			
	Miami	Florida ³³			
		City	Z	ip 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person—being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			☐ Remove
			Change
			☐ Remove
			□ Change
			□ Add
			☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change

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ffective date, if other than t	he date of filing:		(optional)	
an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	block does not meet the a	pplicable statutory I		
e record specifies a delay The 90th day after the re		t not an effectiv	e time, at 12:01 a.m. (on the earlier of
ated October 3	2019			
				

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Typed or printed name of signee

Filing Fee: \$25.00