

(1	Requestor's Name)	
(.	Address)	
(Address)	
(1	City/State/Zip/Phone #)	
PICK-UP	MAIT	MAIL
(Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



900344573429

05/14/20--01003--009 **05.00

2020 HET 14 PH 12: 24

O SIMMONS JUN 0 2 2020

COVER LETTER

.

TO:

	tion Section of Corporations			
Wipo	ernet LLC			
SUBJECT:		Name of Limited Liability Co	ompany	
The enclosed Artic	eles of Amendment an	d fee(s) are submitted for filin	ng.	
Please return all co	orrespondence concern	ing this matter to the followin	ng:	
	Maria Tuoz	20		
		Name of	Person	
	MRT & Ass	sociates, LLC		
		Firm/Co:	ompany	
	1000 NW 5	7 CT Suite 1040		
		Addre	ess	
	Miami, FL	33126		
		City/State and	d Zip Code	
		enedetti@wiperagency.com		
	<u>- </u>	E-mail address: (to be used for fu	ture annual report notification)	
For further informa	ation concerning this n	natter, please call;		
Maria S. Tuozzo		305		
`	Name of Person	at (Area	1 Code Daytime Telephone Number	
Enclosed is a chect	x for the following am	ount:		
≡ \$25,00 Filing		ite of Status Certifie	al copy is enclosed) Certified C	of Status &
Mailing A			Street Address:	
_	tion Section of Corporations		Registration Section	
P.O. Box			Division of Corporations The Centre of Tallahassee	
	see, FL 32314		2415 N. Monroe Street, Suite 816	0

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2020 HAY 14 Fillion 21

WIPERNET LLC		1 111121 24
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)	 .
The Articles of Organization for this Limited Liability Company w Florida document number L12000158011	were filed on 12/19/2012	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	ity company here:	
The new name must be distinguishable and contain the words "Limited Liability Enter new principal offices address, if applicable:	y Company," the designation "LLC" or the abbre	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name o	f the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
		Zip Code
New Registered Agent's Signature if changing Registered Agents		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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>	Name	Address 2020 HAY 14 Pill	2: Type of Action
MGR	Marcelo De Benedetti	1863 Silverbell Terr. Weston FL 33327	= Add
			□Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			🗆 Add
			□Remove
			Change

	2020 MAY 14 PILL2: 24
	
	
Effective date, if other than the date of filing:	(optional) of the prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (
Note: If the date inserted in this block does not meet the	ne applicable statutory filing requirements, this date will not be listed as t
document's effective date on the Department of State's	records.
record specifies a delayed effective date, but not an eff	fective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
N. 1.37 (27) 1	
Dated MAY 4TH 202	
,	
Signature of a member	or or authorized representative of a member
JUAN REPETTO	
JOHN REJETTO	

Filing Fee: \$25.00