

L13 00002566Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

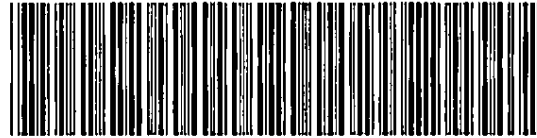
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TO: Registration Section
Division of Corporations

SUBJECT: WSM SUPPLIER 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:

JUAN C CASTANON

Name of Person

WSM SUPPLIER LLC

Firm/Company

3535 NW 60th ST

Address

Miami, FL 33142

City/State and Zip Code

MMARTINEZ@TOTALCORPCONSULTANTS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JUAN C CASTANON

305 455-1220

at ()
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

WSM SUPPLIER 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 02/19/2013 and assigned
Florida document number L13000025662.

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 contain 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)

3535 NW 60th ST

MIAMI, FL 33142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3535 NW 60th ST

MIAMI, FL 33142

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: CASTANON, JUAN C

New Registered Office Address: 3535 NW 60th ST

Enter Florida street address

MIAMI

Florida 33142

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

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>	<u>Address</u>	<u>Type of Action</u>
P	CASTANON, JUAN C	7933 NW 64 ST	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	CELIS, EVELIO	7933 NW 64 ST	<input type="checkbox"/> Add
		MIAMI, FL 33166	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	CASTANON, JUAN C	3535 NW 60th ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	CELIS, EVELIO	3535 NW 60th ST	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00