## L1300005734Z

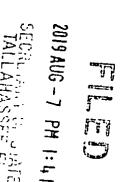
(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Oky/State/Zip/i Horic #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900332671719

08/07/19



O KIUZEN

## COVER LETTER

	tion Section of Corporations			••	
SUBJECT:	WESO	Name of Limited	LLC I Liability Company		<i>*</i>
	cles of Amendment and		-		
		GABL	Name of Person	Bi2	
		Weso	GROUP LL Firm/Company	<u>C</u>	
	<del></del>		22691 Address		<del></del>
			FL 332 City/State and Zip Code		<del></del>
		WESO 9	2 @ Yahoo. 6 be used for future annual r	com, ar	
_	ABRIEL BIZ		at ( <u>305</u> ) Area Code	302.79	12
	Name of Person		Area Code	Daytime Teleph	ione Number
Enclosed is a check \$25.00 Filing Enclos	ek for the following am Fee		□ \$55.00 Filing Fee & Certified Copy (additional copy is ench		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS:			STREET	COURIER AL	DDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

· TO:

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 TO

## TO ARTICLES OF ORGANIZATION OF

WESO GROWI, 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 04/18/2013 and assigned
Florida document number <u>L 13000057342</u>
This amendment is submitted to amend the following:
A. If amending name, antar the new name of the limited liability company hards
A. If amending name, enter the new name of the limited liability company here:
AC 9
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Trincipal office address most be ASTREET ADDRESS
Enter new mailing address, if applicable: 1.0.30x 226948
(Mailing address MAY BE A POST OFFICE BOX) MIAMI, FL, 33222
, , , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered office address on our records, enter the name of the
registered agent and/or the new registered office address here:
Name of New Registered Agent: GABRIEL OMAR BIZ  New Registered Office Address: 4831 NW 99 CT
4921 NW 99 CT
New Registered Office Address: 4831 10 49 6 Enter Florida street address
DORAL 32178

## 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 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

Page 1 of 3

MGR = Manager AMBR = Authorized Member		
<u>Title</u> <u>Name</u>	Address O. BOX ZZ6948, MiAM;	Type of Act
MGR. BIZGADNIEL OMAR	FL, 33178	□ Add
		□ Remove
	7.0. Box 226948, MiAM;	🖪 Change ,
MGR. LAGE, GABRIELA VERONICA	FL, 33,178	<b>&amp;</b> Add
		Remove
	P.O.BOX 226948, MiAM;	Change
MGR. BIZLAGE, WENDY MELANIE	FL, 33178	<b>⁄2</b> Add
	<del></del>	Remove
	P.O BOX 226948, MIAM	Change
MGR. BIZLAGE, SOPHIE EVELYN	FL, 33178	, ⊠ Add
		Remove
		Change
<del></del>		D Add
		□ Remove
		Change
		_□ Add
		_□ Remove
		□ Change

or removed from our records:

<del></del>	
	······································
<u></u>	
	<del></del>
_	
_	
E. Effective	date, if other than the date of filing: (optional)
(If an effect <u>Note:</u> If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as: t's effective date on the Department of State's records.
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: Oth day after the record is filed.
Dated	August 2nd 2019
	//a
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	CABRIEL OMAR BIZ
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00