L13000148279

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FALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section		
	Division of Corporations		

WELCO, 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:

DAVID HATTON

Name of Person

DAVID L. HATTON, P.A.

Firm/Company

2960 WENTWORTH

Address

WESTON, FL. 33332

City/State and Zip Code

dhatton@hattonlaw.com

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

For further information concerning this matter, please call:

David Hatton

786 373-8899

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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	WELCO, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company	ars on our records.)	
(15) Tornum	Emilion Elability Company	•	
The Articles of Organization for this Limited Liability (Company were filed on	10/22/2013	and assigned
Florida document number L13000148279			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the lin</u>	nited liability company h	ere:	
The new name must be distinguishable and end with the would "L.L.C."	ords "Limited Liability Com	pany," the designation "	LLC" or the abbreviatio
Enter new principal offices address, if applicable:	***		
(Principal office address MUST BE A STREET ADD	RESS)		
			<u> </u>
Enter new mailing address, if applicable:			T V V
(Mailing address MAY BE A POST OFFICE BOX)			mi ω Γ
•			<u> </u>
			25
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter	the name of the nev
registered agent una or the new registered outres and	21 OBS HOLE		
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street ad	dress
	_		
	City	, Florida	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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address <u>T</u>	ype of Action
MGRM	DINO ROMANO	902 CLINT MOORE ROAD	Add
		SUITE 100	Remove
		BOCA RATON, FL 33487	-
<u></u> _			Add
		ALLANASSEE	Rembve 13 PE
		FLORIDA	PR D Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

D. If amending any other info	rmation, enter change(s) here: (Attach additional sheets, if ne	ecessary.)		
,				
Dated November 2	2013			
) in the second			
	Signature of a member of authorized representative of a member			
	Dino Romano Typed or printed name of signee			
	Page 3 of 3			
	Filing Fee: \$25.00	TALLA	13 N	
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