

L13000148279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

**Certificates of Status** \_\_\_\_\_

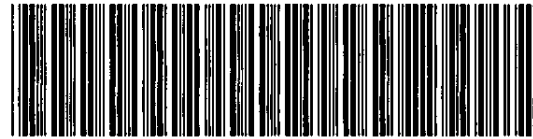
Special Instructions to Filing Officer:

At end

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**21** **2000**

7. Date: ~~12/15~~ 15, 2013.

9

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: 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**

Name of Person

**786 373-8899**

at ( )

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

WELCO, LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	DINO ROMANO	902 CLINT MOORE ROAD	<input checked="" type="checkbox"/> Add
		SUITE 100	<input type="checkbox"/> Remove
		BOCA RATON, FL 33487	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

13 Add  
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Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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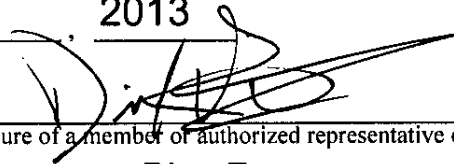
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Dated **November 2**

**2013**



Signature of a member or authorized representative of a member

**Dino Romano**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**13 NOV 13 PM 1:40**  
CLERK OF STATE  
TALLAHASSEE, FLORIDA