

✓
L13000160748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

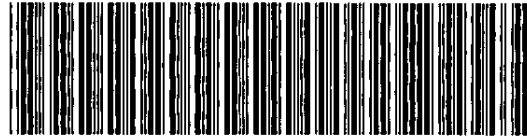
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700254005927

11/25/13--01013--004 **25.00

2013 NOV 25 PM 3:54
TALLAHASSEE, FLORIDA

B. ROSTICK

DEC - 2 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **WACMINERALS 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:

MIRTA AZAR

Name of Person

Firm/Company

4060 N HILLS DR APT 27

Address

HOLLYWODD, FL 33021

City/State and Zip Code

mazar1209@gmail.com

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

For further information concerning this matter, please call:

mirta azar

Name of Person

at **954 239-8800**

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

2013 NOV 25 PM 3:54
TALLAHASSEE, FL 32301

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

WACMINERALS 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 NOV 15, 2013 and assigned
Florida document number L13000160748.

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 end with 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)

1619 NOV 25 PM 3:55	MAIL ROOM

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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 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

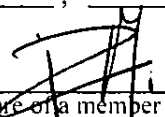
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DI CIO, JORGE	FLORIDA 556, 2 fl ste 204	☒ Add
		BUENOS AIRES, CP 1005AAL	☐ Remove
		ARGENTINA	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

2013 NOV 25 PM 3:55
ALMA MATER OFFICE

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

Dated November 22, 2013



Signature of a member or authorized representative of a member

Alfonso M Lascano

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 NOV 25 PM 3:55
TALLAHASSEE, FL 09117