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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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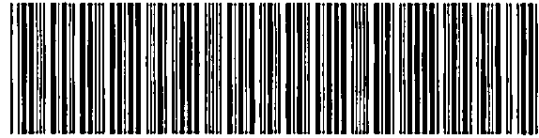
(Business Entity Name)

(Document Number)

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B FIGUEROA

MAY 23 2018

**TO: Registration Section  
Division of Corporations**

SUBJECT: WeFam LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jemile Weeks

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Name of Person

### Firm Companies

PO Box 3423

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Address

Windermere, FL 34786

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City State and Zip Code

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

For further information concerning this matter, please call:

| Name of Person | Area Code | Daytime Telephone Number |
|----------------|-----------|--------------------------|
| Jemile Weeks   | 407       | 757-4987                 |

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**

Welam 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 11/21/2013 and assigned  
Florida document number 113000163191

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Jemile Weeks, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 3423

Windermere, FL 34786

**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:

Julie Jenkins

New Registered Office Address:

7955 Tumblestone Drive

Enter Florida street address

Orlando

Florida 32819

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>                      |
|--------------|--------------|-----------------------------|--|
| MGR          | Kaisha Weeks | 550 Birch Ct                | <input type="checkbox"/> Add               |
|              |              | Altamonte Springs, FL 32714 | <input checked="" type="checkbox"/> Remove |
|              |              |                             | <input type="checkbox"/> Change            |
| MGR          | Jemile Weeks | 550 Birch Ct.               | <input checked="" type="checkbox"/> Add    |
|              |              | Altamonte Springs, FL 32714 | <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            |
|              |              |                             | <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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SECURITY DOCUMENT  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

202010AFEE221PM0540627

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated May 15, 2018

Signature of a member or authorized representative of a member

Jemile Weeks

Typed or printed name of signer