## Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**WAXI LLC** 

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 Estimated Charge
 \$25.00

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SECRETARY OF STATE

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T. HAMPTON

## **COVER LETTER**

| TO:           | Registration Se<br>Division of Co |  |   |  |
|---------------|-----------------------------------|--|---|--|
|               | WAX                               | I LLC  |   |  |
| SUBJE         | CT: VIII                          |  | ited Liability Company  | <del> </del>   |
|               |                                   |  |   |  |
| The end       | closed Articles of                | Amendment and fee(s) are sub   | mitted for filing.  |  |
| Please 1      | return all correspo               | ondence concerning this matter   | to the following:   |  |
|               |                                   | Daniel J. Se   |   |  |
|               |                                   |  | Name of Person  |  |
|               |                                   | Serber & As  | sociates, P.A.  |  |
|               |                                   | 0077717  | Firm/Company  | 004  |
|               |                                   | 28/5 NE 19   | 1st Street Suite  | 801  |
|               |                                   |  | Address   |  |
|               |                                   | Aventura, Fi   |   |  |
|               |                                   | info@serberlawfi   | City/State and Zip Code   |  |
|               |                                   |  | to be used for future annual report notif   | fication)  |
| For furt      | her information of                | concerning this matter, please ca  | all:  |  |
| Yol           | anda L.                           | Fornaris   | <sub>at</sub> 305 <sub>)</sub> 932-6  | 262  |
|               | Name o                            | of Person  |   | r Telephone Number   |
| Enclose       | ed is a check for t               | he following amount:   | •   |  |
| <b>■</b> \$25 | i.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) |
|               | Regist<br>Divisio<br>P.O. B       | ING ADDRESS:<br>ration Section<br>on of Corporations<br>ox 6327<br>assee, FL 32314 | STREET/COURI<br>Registration Section<br>Division of Corpor<br>Clifton Building<br>2661 Executive Co<br>Tallahassee, FL 32 | n<br>rations<br>rater Circle   |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WAXI LLC The Articles of Organization for this Limited Liability Company were filed on 01/13/2014 and assigned Florida document number <u>L15000007513</u> 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 "LLC." 14036 W DIXIE HWY Enter new principal offices address, if applicable: NORTH MIAMI FL 33161 (Principal office address MUST BE A STREET ADDRESS) 14036 W DIXIE HWY Enter new mailing address, if applicable: NORTH MIAMI FL 33161 (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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

| MGR = M $AMBR = A$ | anager<br>uthorized Member | ·                           |                                   |
|--------------------|----------------------------|-----------------------------|-----------------------------------|
| Title              | <u>Name</u>                | Address                     | Type of Action                    |
| MGR                | ALBERTO DAYAN              | 14036 W DIXIE HWY           | <b>=</b> Add                      |
|                    |                            | North Miami fl 33161        | Remove                            |
| MGR                | ALBERTO DAYAN              | 2875 NE 191 STREET SUITE 80 | 11 - Add                          |
|                    |                            | AVENTURA FL 33180           | <b>⊉</b> Remove                   |
|                    |                            | ,                           | □ Add<br>□ Remove                 |
|                    |                            |                             | □ Add                             |
|                    |                            | TALLAH.                     | SECRE DIRY TO THE STATE OR TO Add |
|                    |                            |                             | Remove                            |

| D. If amending any other information, enter change(s) here: (Attach of   | additional sheets, if necessary.)              |
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| Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or filed date and of the date this document is filed by the Florida Department of State) | (optional)<br>annot be more than 90 days after |
| Dated 2/05/2015  |  |
|  | · · · · · · · · · · · · · · · · · · ·          |
| Signature of a member of authorized represe  | ntailve of a member                            |
| YOLANDA FORNARIS   |  |
| Typed or printed name of sig   | mee  |

Page 3 of 3

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