

L15000039970

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

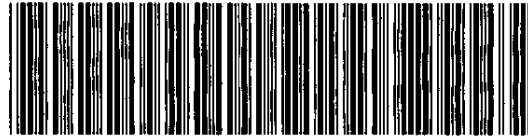
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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15 JUL -6 AM 11:23
JUL 15 2015
JUL 15 2015

- missing pg. 1
- eff. date

M. MILLIGAN
EXAMINER

JUL 22 2015



RECEIVED

15 JUL -6 AM 8:51

FLORIDA DEPARTMENT OF STATE
Division of Corporations
TALLAHASSEE, FLORIDA

April 20, 2015

CHRISTINE CARIDE
17765 TROPICAL COVE DR.
TAMPA, FL 33647

SUBJECT: WE PRESERVE LLC
Ref. Number: L15000039970

We have received your document for WE PRESERVE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 1 is missing from your document. Proper forms are enclosed for your convenience.

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 715A00007868

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: We Preserve
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:

John Cande'
Name of Person

We Preserve
Firm/Company

17765 Tropical Cove Dr.
Address

Tampa FL 33647.
City/State and Zip Code

contactus@wepreserve.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christine Cande at (813) 808 1308.
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

We Preserve, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

15 JUL -3 FILED
2015 JUL 11 23

The Articles of Organization for this Limited Liability Company were filed on 3/01/2015 and assigned
Florida document number L150000399.70

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)

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:

Christine Caride

New Registered Office Address:

17765 Tropical Cove Dr

Enter Florida street address

Tampa

City

Florida

33647

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.

Christine Caride

If Changing Registered Agent, Signature of New Registered Agent

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 = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGR	Christine Carde	17765 Tropical Cove Dr	<input checked="" type="checkbox"/> Add
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☐ Remove

MGR	John Carde	17765 Tropical Cove Dr	<input type="checkbox"/> Add
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		17765 Tropical Cove Dr	<input checked="" type="checkbox"/> Remove
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AMBR	Christine Carde	17765 Tropical Cove Dr	<input checked="" type="checkbox"/> Add
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☐ Remove

AMBR	John Carde		<input type="checkbox"/> Add
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		17765 Tropical Cove Dr	<input checked="" type="checkbox"/> Remove
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☐ Add

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 21st, 2015

John Carde
Signature of a member or authorized representative of a member

John Carde
Typed or printed name of signee

FILED
15 JUL -6 AM 11:23
CLERK OF THE COURT
JUL 6 2015