

L15000042638

(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



100277535151

09/29/15--01015--017 **25.00

FILED
15 SEP 29 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 01 2015
Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WELLER REAL ESTATE HOLDINGS, 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:

WOLFGANG WELLER

Name of Person

Firm/Company

FUELLER STRASSE 2/4

Address

70839 GERLINGEN GERMANY, GE

City/State and Zip Code

W.WELLER@WWP.DE

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

For further information concerning this matter, please call:

THERESA KNOWER

239 333-1031 X115
at (_____) _____

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**

WELLER REAL ESTATE HOLDINGS, 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 3/9/2015 and assigned
Florida document number L15000042638.

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 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)

100 NORTH BISCAYNE BLVD.

SUITE 2100

MIAMI, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

100 NORTH BISCAYNE BLVD.

SUITE 2100

MIAMI, FL 33132

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:

FLORINDA HOMES, LLC

New Registered Office Address:

100 NORTH BISCAYNE BLVD. SUITE 2100

Enter Florida street address

MIAMI

Florida

33132

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>
MGRM	1031 REVERSE EXCHANGE CO	1520 ROYAL PALM SQ. BLVD.	<input type="checkbox"/> Add
		STE 320, FT MYERS, FL 33919	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	FLORINDA HOMES, LLC	100 NORTH BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		STE 2100	<input type="checkbox"/> Remove
		MIAMI, FL 33132	<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

15 SEP 2011 15:43
 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE
 ADD REMOVE CHANGE

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

15 SEP 20 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 8/21/2015 (optional)

(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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated AUGUST 21 2015

Theresa Korman

Signature of a member or authorized representative of a member

THERESA KNOWER

Typed or printed name of signee