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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates of	Status
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SECRETARY OF PINE 30

APR 1 9 2016 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: WE4 MIA	MI LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CAROLYN KAHL		SEURETARY UT FLORISM FALLAHASSEE, FLORISM 16 APR 18 PM 4: 30
		Name of Person	PR I
	ROCA GONZALEZ P.A.		8 SET SET
		Firm/Company	H I
	3370 MARY STREET		PH 4: 30
		Address	
	MIAMI, FL 33133		
	CKAHL@RGPA.COM	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
CAROLYN KAHL		305 859-6050 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	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

WE4 MIANULI C	nliged Liabillis Company as It now supears	un our records,)
The Articles of Organization for this Limited Florida document number 1.15000096001	Liability Company were filed on 06/0	1/2015 and assigned
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	- :
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	
Enter new principal offices address, if appli	icable:	- P
(Principal office address MUST BE A STRE	ET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on	٠; 30
Name of New Registered Agent:	LUIGI CRISCUOLO	
New Registered Office Address:	800 E. HALLANDALE BEACH B	LVD., #21
	Enter Floria	la street address
	HALLANDALE BEACH	, Florida 33009
	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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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an effective lote: If the	late, if other than the date is listed, the date in this are date inserted in this is effective date on the	nust be specific and block does not n	I cannot be prior to neet the applicat	date of filing or more de statutory filing r	(option than 90 days after f equirements, this	iling.) Pursuant to 60	05.0207 (3)(b) sted as the
e record The 90t	I specifies a delay th day after the re	ed effective of ecord is filed.	late, but not	an effective tin	ne, at 12:01 a.	m. on the earl	lier of:
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Page 3 of 3

Filing Fee: \$25.00