L15000 147069

(Re	questor's Name)	
. (Ad	dress)	
(Ad	uiess,	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· = #)
•		•
PICK-UP	MAIT	MAIL
(0)		
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
	·····	 1
Special Instructions to	Filing Officer:	

Office Use Only



700277701667

10/05/15--01042--019 **50.00

2015 OCT -5 PH 2: 11

OCT OT MIS

Nestor B. Gorfinkel Chartered

Nestor Gorfinkel
Attorney At Law & Civil-Law Notary

2241 Hollywood Blvd. Hollywood, Florida 33020 email: esq@gorfinkel-law.com

Telephone: 305.932.5757 Telecopier: 888.857.9758

October 1, 2015

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

RE: Willisau, LLC and Lenzburg, LLC

Enclosed please find the cover letters, check # 131 in the amount of \$50.00 and Articles of Amendment for the above named limited liability companies.

If you have any questions, please feel free to contact me.

Very truly yours,

Nestor B. Gorfinkel

NBG/msg

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	WILLISAU	, LLC		
	C1:	Name of Limi	ted Liability Company	
		Amendment and fee(s) are subrandence concerning this matter t		
		Nestor Gorfinkel		
			Name of Person	· · · · · ·
		REGISTERED SERVICES	S, LLC	
			Firm/Company	
		2241 HOLLYWOOD BLV	D.	
			Address	
		HOLLYWOOD, FL 33020	1	
			City/State and Zip Code	<u>.</u>
		fl.regservices@gmail.com	16.6	,
For Cont	har in Carmatian a	E-mail address: (to oncerning this matter, please ca	o be used for future annual report notif	ication)
		oncerning this matter, piease ca		
Nestor	Gorfinkel		305 932-5757 at () Area Code Daytime	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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

DocuSign Envelope ID: 3CF2596F-B92B-40E1-A8EE-616868201F37
ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

WILLISAU, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our recordinated Liability Company)	ds.)
The Articles of Organization for this Limited Liability Co. Florida document number L15000147069	mpany were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
NA		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:	NA NA	2015 OCT
(Mailing address MAY BE A POST OFFICE BOX)		SS 4 Prom
mung undess MAY BEAT OST OF TICE BOX		
		5 ×
B. If amending the registered agent and/or registered agent and/or the new registered office address.		is, <u>enter the name of the ne</u>
Name of New Registered Agent: NA		
New Registered Office Address:		
	Enter Florida street addre	SS .
		lorida
	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

DocuSign Envelope ID: 3CF2596F-B92B-40E1-A8EE-616868201F37
II attriening Authorized rerson(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>	Type of Action
MGR	MARCEL TAMPIED	6145 SW 34 Street	
		Miami, FL 33155	□ Remove
			☐ Change
			☐ Add
			Remove
			Change
			Remove
			☐ Change
			ALAHASSIII
			Control Phange 2:
			□ Remove
			☐ Change
			Add
			Remove
			☐ Change

	·
_	
an effect ote: If	e date, if other than the date of filing:
xumen	t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earli Oth day after the record is filed.
The 9	
The 9	Oth day after the record is filed. $\frac{2015}{2015}$
The 9	Oth day after the record is filed. 2015 Signature of a member or authorized representative of a member
	9 30 / 2015

Filing Fee: \$25.00