415060147069

| (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



700305207807

11/14/17--01030--020 **25.00

FILED

17 NOV 14 PH 2: 51

SELECTION DATE

14 LANGES SEE FLORIDA



COVER LETTER

| | Registration Se Division of Cor | | | |
|-----------------|------------------------------------|--|--|---|
| cun ice | | | | |
| SUBJEC | ı: <u></u> | Name of Limi | ited Liability Company | |
| The enclo | sed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please ret | urn all correspo | ndence concerning this matter | to the following: | |
| | | N Gorfinkel | | |
| | | Name of Limited Liability Company Articles of Amendment and fee(s) are submitted for filing. All correspondence concerning this matter to the following: N Gorfinkel Name of Person Registered Services Finn/Company 1930 Harrison Street # 208 Address Hollywood, FL 33020 City/State and Zip Code fLregservices@gmail.com E-mail address: (to be used for future annual report notification) formation concerning this matter, please call: Name of Person at (305) 932-5757 Area Code Daytime Telephone Number | | |
| | | Registered Services | | A S60.00 Filing Fee. Certificate of Status & Certified Copy |
| | | | Firm/Company | |
| | • | 1930 Harrison Street # 208 | ; | |
| | | | Address | |
| | • | Hollywood, FL 33020 | | |
| | | | City/State and Zip Code | |
| | | | to be used for future annual report notifi | ication) |
| For furthe | r information c | | | |
| N Gorfin | kel | | | |
| | Name o | f Person | | Telephone Number |
| Enclosed | is a check for th | ne following amount: | | |
| ■ \$25.0 | 0 Filing Fee | | Certified Copy | Certificate of Status & Certified Copy |
| | | | | |

MAILING ADDRESS:

TO:

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

| WILLISAU, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our record Limited Liability Company) | <u>ds.</u>) |
| The Articles of Organization for this Limited Liability C | Company were filed on 8/27/2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limi | ited liability company here: | |
| | | <u> </u> |
| he new name must be distinguishable and contain the words "Lim | ited Liability Company," the designation "LLC | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 至三 |
| <u>Principal office address MUST BE A STREET ADDR</u> | RESS) | |
| • | | P 0 |
| | | 2: 5 DRID |
| Inter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or regis | | ls, enter the name of the n |
| egistered agent and/or the new registered office add | ress here: | |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street addre | 88 |
| | | lorida |
| | Circ | Zin 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|---------------|-------------------------|----------------------------|----------------|
| MGR | Carlos Agustin Vernazza | 1930 Harrison Street # 208 | _ ■ Add |
| | | Hollywood, FL 33020 | ☐ Remove |
| | | | Change |
| | | | |
| | | | ☐ Remove |
| · | | | Change |
| . | | | Add |
| | | | □ Remove |
| | | 12. | Change |
| | | | |
| | | | Remove |
| | | | □ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | □ Change |
| | | | Add |
| | | | □ Remove |
| | | | Change |

| | | · | | | |
|--------------------------|---|----------------------------|-------------------------------|--|-----------------|
| | | | | | |
| | | | | | |
| | | | · <u>-</u> | | |
| | | _ | | | |
| | | | | | |
| | | | - | | |
| | | | | | |
| | | | | | |
| | | | | <u> </u> | 1 |
| | | <u></u> | | # 3 | <u>5</u> T |
| | | | | <u> </u> | - m |
| | | | | <u> </u> | 妥 〇 |
| | | | | RATE | <i>ا</i> ن ض |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Effec [If an e | ctive date, if other than the date of fili effective date is listed, the date must be specific a | ing:and cannot be prior to | o date of filing or more that | (optional) n 90 days after filing.) Pursuan | nt 10 605,0207 |
| Note | If the date inserted in this block does no ment's effective date on the Department o | t meet the applical | ole statutory filing requ | rements, this date will not | be listed as |
| | • | | | | |
| | ecord specifies a delayed effective e 90th day after the record is file | | an effective time, | at 12:01 a.m. on the | earlier o |
| Dated | ochbe 31 | 2017 | _• | | |
| | 977 | | | | |
| | | | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00