

L16000002697

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

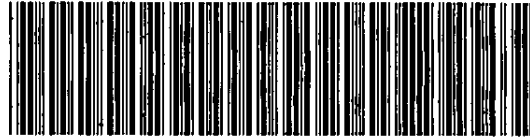
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400285897254

05/19/16--01023--019 \*\*60.00

FILED  
16 MAY 27 PM 4:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAY 31 2016

Y SULKER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 20, 2016

MICHAEL SCHMIDTKE  
444 BRICKELL AVENUE, SUITE 51-425  
MIAMI, FL 33131

SUBJECT: WENO BROTHERS LLC  
Ref. Number: L16000002697

We have received your document for WENO BROTHERS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 116A00010784

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: WENO BROTHERS, 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:

Michael Schmidtke

Name of Person

Manitou Islands LLC

Firm/Company

444 Brickell Avenue, Suite 51-425

Address

Miami, FL 33131

City/State and Zip Code

mschmidtke@gmail.com

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

For further information concerning this matter, please call:

Michael Schmidtke

at (415)

583-3502

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

WENO BROTHERS, 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 January 5, 2016 and assigned  
Florida document number L16000002697.

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)**

444 Brickell Avenue

Suite 51-425

Miami, FL 33131

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

444 Brickell Avenue

Suite 51-425

Miami, FL 33131

**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:

Manitou Islands, LLC

New Registered Office Address:

444 Brickell Avenue, Suite 51-425

*Enter Florida street address*

Miami

Florida 33131

*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>
AMBR	Michael David Schmidtke	798 Crandon Boulevard, #26	<input type="checkbox"/> Add
		Key Biscayne, FL 33149	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Manitou Islands LLC	444 Brickell Avenue	<input checked="" type="checkbox"/> Add
		Suite 51-425	<input type="checkbox"/> Remove
		Miami, FL 33149	<input type="checkbox"/> Change
AMBR	Lisa C. Barkley MD	10454 Windmere Chase Boulevard	<input type="checkbox"/> Add
		Gotha, FL 34734	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Keith Hall Barkley	10454 Windmere Chase Boulevard	<input type="checkbox"/> Add
		Gotha, FL 34734	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KLNB Group LLC	10454 Windmere Chase Boulevard	<input checked="" type="checkbox"/> Add
		Gotha, FL 34734	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
MAY 29 PM 3:59  
CLERK OF SUPERIOR COURT  
ALABAMA  
TALLAHASSEE, FLORIDA

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

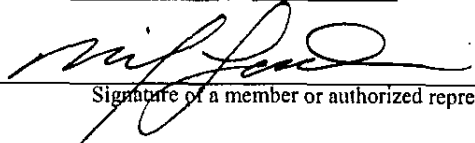
Lined area for amendments.

FILED  
16 MAY 23 PM 3:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: 05/16/2016 (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 MAY 17, 2016

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
MICHAEL SCHMIDTKE, Monitor Islands LLC  
\_\_\_\_\_  
Typed or printed name of signee