1600000 2697

(Red	juestor's Name)	
(Add	lress)	
(Add	lress)	
(City	//State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	_

Office Use Only



100314044851

06/04/18--01005--023 **60.00

DIVISION OF CHRETON ALIVAN

N COOPER JUN 0 5 2018

COVER LETTER

Divi	ision of Corpo	rations			
SHRIECT.	WENO BROT				
SUBJECT:		Name of Limit	ted Liability Company		
The enclosed	Articles of An	nendment and fee(s) are subm	nitted for filing.		
Please return	all correspond	ence concerning this matter t	o the following:		
		MICHAEL SCHMIDTKE			
			Name of Person		
		MANITOU ISLANDS LLO			
Firm/Company					
444 BRICKELL AVENUE, SUITE 51-425					
			Address		
		MIAMI, FL 33131			
			City/State and Zip Code		
		WENO.BROTHERSLLC@			
	•	E-mail address: (to	be used for future annual re	port notification)	
For further in	formation con	cerning this matter, please ca	II:		
MICHAEL S	SCHMIDTKE		415 583-	-3502	
	Name of Po	erson	at () Area Code	Daytime Telephone	Number
Enclosed is a	check for the	following amount:			
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) (60.00 Filing Fee. Certificate of Status & Certified Copy additional copy is enclosed)

MAILING ADDRESS:

Régistration Section

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

WENO BROTHERS LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L16000002697	y were filed on <u>01/05/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		8 √1818
		S 2%
		1
Enter new mailing address, if applicable:		200E 199E 199E
•		
Mailing address MAY BE A POST OFFICE BOX)	-	<u> </u>
		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the ne
New Registered Office Address:		
	Enter Florida street address	
	, Flori	ida
	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>	Address	Type of Action
AMBR	KLNB GROUP LLC	10454 Windmere Chase, Blvd	
		GOTHA, FL 34734	■ Remove
			☐ Change
AMBR	KEITH HALL BARKLEY	444 Brickell Avenue, Suite 51-424	₩ Add
		Miami, FL 33131	🗀 Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			
			☐ Remove
			Change
			Remove
			Change

			
			
			8
			
			NUJ.
			.
	-		9 t 6
	_		6
fective date, if other than the date of filing: $\underline{}^0$	6/01/2018	Contion	I
n effective date is listed, the date must be specific and cam	not be prior to date of filin	g or more than 90 days after fi	iling.) Pursuant to 605.02
te: If the date inserted in this block does not meet cument's effective date on the Department of State		ining requirements, this t	rate will not be fisted
record specifies a delayed effective date The 90th day after the record is filed.	, but not an effect	ive time, at 12:01 a.	m. on the earlier
the social day after the record is filed.			
ted			
- · · /	0		
			
	oer of authorized represer	tative of a member	

Page 3 of 3

Filing Fee: \$25.00