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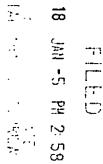
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

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12/20/17--01002--016 \*\*25.00







December 21, 2017

ROBERT MASON 3680 W LAKE HAMILTON DR NE WINTER HAVEN, FL 33881 US

SUBJECT: WE TECHNOLOGIES, LLC

Ref. Number: L16000006618

We have received your document for WE TECHNOLOGIES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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.

Judy A Leggett Regulatory Specialist II Registration Section

Letter Number: 317A00025827

RECEIVED

JAI: - 8 Loid

## **COVER LETTER**

	gistration Sec vision of Corp			
eun uect.		ologies, LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		Robert Mason		
			Name of Person	·
		W.E. Technologies, LLC		
			Firm/Company	<del></del>
		3680 W. Lake Hamilton D	r. NE	
			Name of Limited Liability Company  Indiment and fee(s) are submitted for filing.  Indice concerning this matter to the following:  Robert Mason  Name of Person  W.E. Technologies, LLC  Firm/Company  3680 W. Lake Hamilton Dr. NE  Address  Winter Haven, FL 33881  City/State and Zip Code  ob@wirelessenergytech.com  E-mail address: (to be used for future annual report notification)  rning this matter, please call:  at (1/Area Code)  Daytime Telephone Number  Illowing amount:  IS 30.00 Filing Fee & Certificate of Status & Certified Copy  radditional copy is enclosed)  Certified Copy  Certificate of Status & Certified Copy  Certified Copy	
		Winter Haven, FL 33881		
			E concerning this matter to the following:    Sobert Mason	
		Name of Limited Liability Company  mendment and fee(s) are submitted for filing.  ence concerning this matter to the following:  Robert Mason  Name of Person  W.E. Technologies, LLC  Firm/Company  3680 W. Lake Hamilton Dr. NE  Address  Winter Haven, FL 33881  City/State and Zip Code  Bob@wirelessenergytech.com  E-mail address: (to be used for future annual report notification)  cerning this matter, please call:  at (863) 293-7678  erson at (863) Daytime Telephone Number  following amount:  \$\Pi\$ \$30.00 Filing Fee & \$\Pi\$ \$55.00 Filing Fee & \$\Pi\$ \$60.00 Filing Fee.  Certificate of Status \$\Pi\$ Certified Copy \$\Pi\$ Certificate of Status & \$\Pi\$		
For further i	nformation co			
Robert Mas			at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e following amount:		
\$25,00 1	Filing Fee		Certified Copy	Certificate of Status &

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

W.E. Technologies, LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compar	pears on our records.) ny)
he Articles of Organization for this Limited	Liability Company were filed on	01-08-2016 and assigned
lorida document number L16000006618	·	
his amendment is submitted to amend the fo	lowing:	
. If amending name, enter the new name	of the limited liability company	v here:
e new name must be distinguishable and contain the	words "Limited Liability Company," t	
nter new principal offices address, if apple	cable:	<u> </u>
Principal office address MUST BE A STRE	ET ADDRESS)	
		i T
		P. 1
nter new mailing address, if applicable:		<del></del>
<u> Iailing address MAY BE A POST OFFICI</u>		
. If amending the registered agent and gistered agent and/or the new registered		on our records, enter the name of the
Name of New Registered Agent:	Robert Mason	
New Registered Office Address:	3680 W. lake Hamilton Dr. N.	Е
	Enter	Florida street address
	Winter Haven	, Florida 33881
	City	Zip Code

wew Registered Agent's Signature, it 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>	Type of Action
			☐ Remove
	<del></del>	<del> </del>	
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Filing Fee: \$25.00