From: Sandra Perez (Fax: (888) 501-2390	To: 8506176383@rcfax.con Fax: (850) 617-6383
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: Sandra Perez Fax: (888)	501-2390 To: 850	6176383@rcfax.con Fax: (850) 617-6383	Page 5 of 8 12/08/2 (((H1600030074	
		COVER LETTER		¥
TO: Registration S Division of Co		4		-
W SQUA				
	Name of L	imited Liability Company		
The enclosed Articles of	Amendment and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matt	er to the following:		
	JANIXA RAMOS		1	
		Name of Person		
	DEALER CONSULTIN	G SERVICES, INC		
		Firm/Company		
	7537 NW 7TH AVE			
		Address		
	MIAMI, FL 33150			
	CORPORATIONS@DCS	City/State and Zip Code		
	-	: (to be used for future annual report notified	cation)	
For further information c	concerning this matter, please	call:		
JANIXA RAMOS		305 758-9001		_ • •
Name o	of Person	Area Code Daytime	Telephone Number	0
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w 325.00 rning ree	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing H Certificate of Certified Copy (additional copy i)	
Registi Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIE Registration Section Division of Corporat Clifton Building		

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From: Sandra Perez

Fax: (888) 501-2390

To: 8506176383@rcfax.con Fax: (850) 617-6383

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

W	SQL	JARE	LLC
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(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 <u>02/09/2016</u> and assigned Florida document number <u>L16000028099</u>.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter-the name of the new</u> registered agent and/or the new registered office address here:

	City	Zip Code
	. Florida	
	Enter Florida street address	67 9
New Registered Office Address:		THE FO
Name of New Registered Agent:		A CO FR

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

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From: Sandra Perez Fax: (888) 501-2390

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To: 8506176383@rcfax.con Fax: (850) 617-6383

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

MGR EPAIN LUCANO, PERMANDEZ VALVERDE PO BOX 530527 Indd MIAMI, FL 33153 IRemove Indd Indd MGR SANTIAGO JOSE, HERRERA QUIADA PO BOX 530527 Indd MGR SANTIAGO JOSE, HERRERA QUIADA PO BOX 530527 Indd Indd PO BOX 530527 Indd Indd Indd PO BOX 530527 Indd Indd Indd Indd Indd Indd Indd Indd Indd Indd Indd Indd Indd Inddd Inddd Inddd Inddd Inddd Inddd Indddd Indddd Inddddddddddddddddddddddddddddddddddd	Title	Name	Address	Type of Action
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(If an effec <u>Note:</u> I:	e date, if other than the d tive date is listed, the date must b f the date inserted in this bloc nt's effective date on the Dep	e specific and cannot be prior to date of filing or m k does not meet the applicable statutory filing	(optional) ore than 90 days after filing.) Pursuant to 605.020 g requirements, this date will not be listed as

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ated	, 2016	
Sign	nature of a member or authorized appresentative of a member	
SANTIAGO JOSE HERR	IERA QUIJADA	ORI ORI
	Typed or printed name of signee	

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Filing Fee: \$25.00