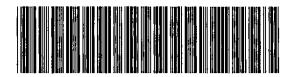
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## **COVER LETTER**

Division of Cor	porations		
Battro Real SUBJECT:	ty LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Margarita Battro		
		Name of Person	<del>- , ,</del>
	Battro Realty LLC		
		Firm/Company	
	15188 Oak Chase Ct		
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	22
	battrorealty@gmail.com		5> ± € € €
		to be used for future annual report no	921 ·
For further information co	oncerning this matter, please c	all:	min w
Margarita Battro		561 632-8246 at ( )	FEST TO L
Name of	f Person	· · · · · · · · · · · · · · · · · · ·	ne Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

Battro Realty 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 July 28, 2016 and assigned Florida document number L16000142068 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: We Care Property Management LLC 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, enter the name of registered agent and/or the new registered office address here: Margarita Battro Name of New Registered Agent: 15188 Oak Chase Ct New Registered Office Address: Enter Florida street address Wellington Florida

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	Marcos Bengolea	16792 E Calder Dr. Loxahatchee, F 1・33470	■ Add
			□ Remove
			Change
			🗆 Add
			□ Remove
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00