L16000157694

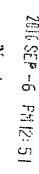
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COVER LETTER

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SORTEC	JI;	Name of Limi	ted Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please re	eturn all correspon	ndence concerning this matter	to the following:	
		Bayardo J Navarro		
	Division of Corporations WOLYM LLC Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following:			
SUBJECT The enclose relationship of the enclose of		WOLYM LLC		
			Firm/Company	<u> </u>
		8585 SW 152nd Avenue, A	Apt. 234	
			Address	
		Miami, FL 33193		
			City/State and Zip Code	
		E-mail address: (t	to be used for future annual report notifi	cation)
For furth	ner information co	oncerning this matter, please ca	dl:	
Bayardo	J Navarro		at (
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	d is a check for th	ne following amount:		
□ \$25.	00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

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

WOLYM LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our rate Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability C Florida document number L16000157694	Company were filed on August 23,	2016 and assigned
	<u> </u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
Winning mairess MAT BE HI OST OF FICE BOX		, , , , , , , , , , , , , , , , , , ,
B. If amending the registered agent and/or registered agent and/or the new registered office add		cords, <u>enter the name of the n</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	C'	_, Florida
	City	Zip Coae

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>	Type of Action
AMBR	Karen Molano	8585 SW 152 Avenue, Apt. 234	∃ Add
		Miami, FL 33193	☐ Remove
			Change
			Add
			Remove
			Change
			Add
			☐ Remove
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cument's effe	ective date on the	Department of S	State's records	•			
	ecifies a delay ay after the r			ot an effectiv	e time, at 12	:01 a.m. on th	ne earlier
August (30		2016	- ,			
	_		> (
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Typed or printed name of signce

Filing Fee: \$25.00