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**S Warren** NOV 1 5 2016

## **COVER LETTER**

TO; Registration Section Division of Corporations
SUBJECT: WEJ 1113 LL C  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Salvatore Arena
WEJ 1113 LLC Firm/Company
2900 Hempstead Toke Rin 112
Leinthown, my 11756  Chystate and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Salvator Avena at 516 735 - 0754  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}\$

#### 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

(Name of the Limited Liability (A Florida Li	Company as it now appears on	our records.)
The Articles of Organization for this Limited Liability Con Florida document number	npany were filed on	9/27//6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		20
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable:		E P 2
(Mailing address MAY BE A POST OFFICE BOX)	NTE 47	
B. If amending the registered agent and/or registered agent and/or the new registered office address		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
	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 **Type of Action** Title Address Name ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove Change υ ☐ Remove ÷ "

☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets,	if necessary.	)	
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		<del></del> -	
		<del> </del>	
. Effective date, if other than the date of filing:	(optional)		
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 da Note: If the date inserted in this block does not meet the applicable statutory filing requirement document's effective date on the Department of State's records.	ys after filing.) nts, this date v	Pursuant to 605. vill not be liste	.0207 (3) ed as the
the record specifies a delayed effective date, but not an effective time, at 12 b) The 90th day after the record is filed.	2:01 a.m. o	on the earlie	er of:
Dated November 3, 2016.	THE MOV	-11	
	ETARN HASSI		
Signature of a member or authorized representative of a member	TO T	111	
Salvature trena	STA Z		
Typed or printed name of signee	Omi T	•	

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Filing Fee: \$25.00