| (Requestor's Name)                      |
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| (Address)                               |
| ( was say,                              |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Boodinent Hamber)                      |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| <b>3</b>                                |
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Office Use Only



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# **COVER LETTER**

| Div            | ision of Cor    | porations                                    |   |   |  |  |
|----------------|-----------------|--|---|---|--|--|
| SUBJECT:       | WEJ 1113 I      | LLC  |   |   |  |  |
|                |                 | Name of Lim                                  | ited Liability Company  |   |  |  |
|                |                 |  |   |   |  |  |
| The enclosed   | l Articles of A | Amendment and fee(s) are sub-                | mitted for filing.  |   |  |  |
| Please return  | all correspon   | ndence concerning this matter                | to the following:   |   |  |  |
|                |                 | SALVATORE ARENA                              |   |   |  |  |
|                |                 |  | Name of Person  |   |  |  |
|                |                 | WEJ 1113 LLC                                 |   |   |  |  |
|                |                 |  | Firm/Company  | <u></u>   |  |  |
|                |                 | 2900 HEMPSTEAD TPKE                          | E RM 112  |   |  |  |
|                |                 |  | Address   | · · · · · · · · · · · · · · · · · · ·   |  |  |
|                |                 | LEVITTOWN, NY 11756                          |   |   |  |  |
|                |                 | City/State and Zip Code                      |   |   |  |  |
|                |                 | JANET@EMDSONLINE.N                           |   |   |  |  |
|                |                 | E-mail address: (t                           | to be used for future annual report notifica                        | ntion)  |  |  |
| For further ir | nformation co   | oncerning this matter, please ca             | all:  |   |  |  |
| SALVATOR       | RE ARENA        |  | 516 735-0754  |   |  |  |
|                | Name of         | Person                                       | Area Code Daytime T   | elephone Number   |  |  |
| Enclosed is a  | a check for th  | e following amount:                          |   |   |  |  |
| ■ \$25.00 F    | iling Fee       | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |  |

## **MAILING ADDRESS:**

**Registration Section** 

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

| WEJ 1113 LLC  |  |            |                         |                |
|---|--|------------|-------------------------|----------------|
| (Name of the Limited Liability Comp<br>(A Florida Limited   | pany as it now appears on our records.) Liability Company) |            | <u>-</u>                |                |
| The Articles of Organization for this Limited Liability Company   | y were filed on 9/27/16                                    | _ and      | assigned                |                |
| Florida document number L16000180160  |  |            |                         |                |
| This amendment is submitted to amend the following:   |  |            |                         |                |
| A. If amending name, enter the new name of the limited lial   | bility company here:                                       |            |                         |                |
| The new name must be distinguishable and contain the words "Limited Liab  | oility Company," the designation "LLC" or the abbrev       | viation    | "L.L.C."                | <del>-</del> . |
| Enter new principal offices address, if applicable:   |  |            |                         | <u>.</u>       |
| (Principal office address MUST BE A STREET ADDRESS)   |  | 17         | , ,,,,                  | · · ·          |
|   |  | A A        |                         |                |
|   |  | 2          |                         |                |
| Enter new mailing address, if applicable:   |  | <b>#</b>   |                         |                |
| (Mailing address MAY BE A POST OFFICE BOX)  |  | 5          | 25.73<br>25.73<br>25.73 | e 4.           |
|   |  |            |                         | <u> </u>       |
|   |  |            | ·                       | ij             |
| B. If amending the registered agent and/or registered or<br>registered agent and/or the new registered office address her |  | <u>nan</u> | ne of the               | e nev          |
| Name of New Registered Agent:   |  |            |                         |                |
| New Registered Office Address:  |  |            |                         |                |
| -<br>-  | Enter Florida street address                               |            |                         |                |
|   | , Florida  |            | _                       |                |
|   | City   | Zip Co     | de                      |                |

## 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> | Address              | Type of Action    |
|--------------|-------------|----------------------|-------------------|
| Т            | WAIYI CHAN  | 7181 NE 8TH DRIVE    |                   |
|              |             | BOCA RATON, FL 33487 | ■ Remove          |
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| ective date, if other                            | than the date of f   | iling:               | - 1CCI:                   | (optional)<br>than 90 days after filing.) I | D                   |
| te: If the date inserted tument's effective date | in this block does r | not meet the applica | able statutory filing re  | equirements, this date w                    | ill not be listed a |
| difficite 8 circuity date                        | on the Department    | of state's records.  |                           |   |                     |
| record specifies a<br>he 90th day after          |                      |                      | t an effective tim        | e, at 12:01 a.m. o                          | n the earlier o     |
|  |                      | 2017                 |                           |   |                     |
| MARCH 13   | -/                   |                      |                           |   | 17 <b>17 1</b>      |
| ed   | // _                 | <b>\</b>             |                           |   | 7                   |
| ed MARCH 13                                      | Signature            | of a member or autho | rized representative of a | a member                                    | MAR 2               |

Page 3 of 3

Filing Fee: \$25.00