C110000180160

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700298058047

04/18/17--01018--011 **85.00

17 APR 18 AM 57

1. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: WEJ 1113 LA 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 Avena	ر
WEJ 1113 LLC Firm/Company	
2900 Hempstead Toke M	en 112)
Linthown, My 11756 Charlet of emcks on Line of E-mail address: (to be used for future annual report	Ned 1 notification)
For further information concerning this matter, please call: Salvatore Avena at 5/6, 73 Name of Person Area Code Di	5 - 0754 aytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\to\$ \$30.00 Filing Fee \$\times\$ Certificate of Status Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & 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

WEJ	11/3 LLO	
(Name of the Limited Liability (A Florida I	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Co. Florida document number	·	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC" or the abbrev	ation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		5 :
		APR 4
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
		я — 25 — — — — — — — — — — — — — — — — —
B. If amending the registered agent and/or registered agent and/or the new registered office address.		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 = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
$ \underline{V} $	Matt Hamis	1401 NE 57th Place Apt 10 Fort Landerclate, FL.	Add
		Apt 10_	J Remove
		Fort Landerdake, FL	333 Change
			D Add
			Remove
	<i>,</i>		Change
			□ Remove
			Change
			D Add
			Remove
			☐ Change
			Add Remove
			> 350 €
			57 D'Add
			

			······································		٠.
			- N. J. J. H.	 	
					
				<u></u>	
					
	· · · · · · · · · · · · · · · · · · ·				
				_ 	
					·· - .
					
					
				· · · ·	
				•	

	r than the date of fil	ling:		(optional)	
Effective date, if othe	ed in this block does no	ot meet the applicable			
If an effective date is listed, Note: If the date inserte		of State's records.			
If an effective date is listed, Note: If the date inserte	ite on the Department (
if an effective date is listed, Note: If the date inserte document's effective da ne record specifies	a delayed effective	e date, but not a	n effective time, a	it 12:01 a.m. on	the earlier (
If an effective date is listed, Note: If the date inserted document's effective da ne record specifies The 90th day afte	a delayed effective er the record is file	e date, but not a		it 12:01 a.m. on	17
If an effective date is listed, Note: If the date inserted document's effective da ne record specifies The 90th day afte	a delayed effective	e date, but not a		it 12:01 a.m. on	the earlier of SCORE
Effective date, if othe If an effective date is listed, Note: If the date inserte document's effective da the record specifies The 90th day afte	a delayed effective er the record is file	e date, but not and			17

Page 3 of 3

Filing Fee: \$25.00