116000218836

(Re	questor's Name)			
(Ad	dress)	,		
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(Cit	y/State/Zip/Phone	e #)		
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(Document Number)				
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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 19, 2016

JACQUELINE PEREGRIN 6621 WILLOW PARK DR, STE 1 NAPLES, FL 34109

SUBJECT: WEZPAT, LLC Ref. Number: L16000218836 2017 JAN -3 AM 9: 50
SECRETARY OF STATE
TALL AHASSEE, FLORION

We have received your document for WEZPAT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

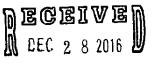
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons Regulatory Specialist II

Letter Number: 216A00026890



BY:

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: WEZPAT, LLC				
SUBJECT.		ame of Limited Liabil	ity Company	
Dear Sir or Madam:				
The enclosed Statement of	of Correction and fee(s) ar	e submitted for filing.		
Please return all correspo	ndence concerning this m	atter to the following:		
Jacqueline	J. Peregrin			
,	Name of Person			
Peregrin La	w Firm, PA			
	Firm/Company			
6621 Willov	v Park Drive	e, Ste. 1		
	Address			
Naples, FL	34109			
Ci	ty/State and Zip Code			
jacqueline@peregrinlaw.com				
E-mail address: (to	be used for future annual	report notification)		
For further information concerning this matter, please call:				
Jacqueline	Peregrin	$_{\rm at}$ 239	3492628	
Name o	f Person	Area Code	Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		E 1 E	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314	
Enclosed is a check for the following amount:				
\$25 Filing Fee	\$30 Filing Fee & Certificate of Status	S55 Filing Fee & Certified Copy	& S60 Filing Fee, Certificate of Status & Certified Copy	
CR2E062 (9/15)				

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: WEZPAT, LLC The Florida Document number of the limited liability company is: L16000218836 SECOND: Document to be corrected is: Articles of Organization THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT × Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: Patti D. Zimmerman was incorrectly listed as an Authorized Member of the LLC. Her title should be corredted to "AR" for Authorized Representative, as she is not a member of the LLC. A Statement of Authority is enclosed to confirm same. <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are OR The electronic transmission of the record was defective. Signature of new registered agent, if applicable: (NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). 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. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)