L17000009406

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: Wement Group Res	LLC imited Liability Company	
The er	enclosed Articles of Amendment and fee(s) are so	ubmitted for filing.	
Please	e return all correspondence concerning this matt	er to the following:	
	Mich	cel Werrert Name of Person	
	_ Weme	et Group Realty LLC Firm/Company	
	<u>Po B</u>	781725 Address	
		City/State and Zip Code	
	E-mail address	te the wement group. constitute annual report noti	fication)
For fu	urther information concerning this matter, please	e call:	
	Michael Wement Name of Person	at (<u>407</u>) <u>435 - 51.</u> Area Code Daytim	3 <u>y</u> le Telephone Number
Enclos	osed is a check for the following amount:		
Þ \$2	25.00 Filing Fee \$\to\$ \$30.00 Filing Fee \$\text{Certificate of Status}\$	□ \$55.00 Filing Fee & 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

Wernert C	prop Realty LLC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our recorda Limited Liability Company)	rds.)
The Articles of Organization for this Limited Liability	y Company were filed on <u>Januera II</u>	1017 and assigned
Florida document number <u>L1700009406</u>	·	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the l	imited liability company here:	
The new name must be distinguishable and contain the words "l	Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	***	
(Principal office address MUST BE A STREET AD	DRESS)	<u> </u>
Enter new mailing address, if applicable:		3 = 13
(Mailing address MAY BE A POST OFFICE BOX)		29
B. If amending the registered agent and/or re registered agent and/or the new registered office a		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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ective date, if othe	er than the date of fi	iling:		(0	optional)	
effective date is listed	, the date must be specific ed in this block does n	c and cannot be pri-	or to date of filing o	or more than 90 days	after filing.) Put, this date will	rsuant to 605.020 not be listed a
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ted <u>Janua</u>	M Signature	z. of a member or au	horized representa	tive of a member		

Page 3 of 3

Filing Fee: \$25.00