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SECRETARY OF STATE
TALLAHASSEE FLORIDA

HARRIS MILLER

COVER LETTER

TO: Registration Se Division of Cor							
	nding LLC						
SUBJECT: Name of Limited Liability Company							
	Amendment and fee(s) are sub	-					
	Spencer Enslein	•					
		Name of Person					
	Wells Landing LLC						
		Firm/Company					
	2450 NE Miami Gardens I	Or., Suite 101					
	Address						
	Miami, FL 33180						
	- 182 .	City/State and Zip Code	, 				
	Spencer@tciicapital.com	to be used for future annual report notifi					
For further information co	e-mail address: (·	canony				
Spencer Enslein		305 792-5760 at ()					
Name of	Person Person	Area Code Daytime	Telephone Number				
Enclosed is a check for th	e following amount:						
□ \$25.00 Filing Fee	\$30.00 Filing Fee & 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

Wells Landing LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Completion of Complete Compl	pany were filed on February 23, 2017	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	_
Enter new principal offices address, if applicable:	,,	TALE: 17
Principal office address MUST BE A STREET ADDRES.	<u></u>	
		SSE N
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		- 10: L9
3. If amending the registered agent and/or registere egistered agent and/or the new registered office address		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	iaZip Code
	Cuy	гір Сойе

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
mgr	Springs Capital Management Inc.	2450 NE Miami Gardens Dr., Suite	
		Miami, FL 33180	■ Remove
			□ Change
mgr	Wells Landing Management Inc.	2450 NE Miami Gardens Dr., Suite	Add
		Miami, FL 33180	□ Remove
			Change
			Remove
			☐ Change
			Add
			Remove
			Change
			May 12 REFARY AHASSE
			Remove FLORIA Change
			□ Remove
			Change

	lease-add the EIN# 82-0597914	here: (Attach additional sheets, if necessa	ry.)
:	Please change Pandpal Address to;	Wells LANDENG UC	
_		2450 NE Milani Gardens Dr.	#101
_		Miam, FL 33180	
_			
_			
_			
-			-
_			· · · · · · · · · · · · · · · · · · ·
_			
(If an effect Note: I docume	re date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be perfective date inserted in this block does not meet the apent's effective date on the Department of State's record specifies a delayed effective date, but 90th day after the record is filed.	prior to date of filing or more than 90 days after filing plicable statutory filing requirements, this date rds.	g.) Pursuant to 605.0207 (3)(be will not be listed as the
Dated _	MAY 11 , 201)	. <u></u>	74 79
	- La		ELAN TI
	Signature of a member or a Spencer Enslein Typed or p	nuthorized representative of a member	TARY O
	Typed or p	rinted name of signec	R STATE
	P	age 3 of 3	5 m 6

Filing Fee: \$25.00