# 1170000 45600

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

Office Use Only



800322511288

01/10/19--01020-+008 ++25.00



January 16, 2019

NATALIE ABADI 605 LINCOLN RD STE #205 MIAMI BEACH, FL 33139

SUBJECT: ROTHMAN LLC Ref. Number: L17000045600

We have received your document for ROTHMAN 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):

Page 3(of 3) must be completed. We need a signature of a member or authorized representive, the date it was signed, and the typed or printed name of the signee.

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) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 019A00001304

# **COVER LETTER**

TO: Registration Se Division of Cor			
ROTHMA	N LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	J.1.20 m
Please return all correspo	ndence concerning this matter t	to the following:	12:0
<del></del>	NATALIE ABADI		50
	<del></del>	Name of Person	
	WEINKLE ABERGEL LA	W FIRM LLC	
		Firm/Company	
	605 LINCOLN ROAD SU	TFE #205	ļ.
		Address	
	MIAMI BEACH, FL 3313	9	
	NATIABADI@GMAIL.CO	City/State and Zip Code	
	E-mail address: ()	to be used for future annual report notifi	cation)
For further information of	oncerning this matter, please ca		
NATALIE ABADI		305 7614249	
Name o	of Person	at ()	Telephone Number
Enclosed is a check for t	he 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



2019 JAN 28 PH 12: 46

ROTHMAN LLC	on on	
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	ALLIA IN SEE, FL
The Articles of Organization for this Limited Liability Company Clorida document number <u>L17000045600</u> .		and assigned
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
WeRent LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2000 Island Blvd Unit 404	
(Principal office address MUST BE A STREET ADDRESS)	Aventura FL 33160	
	2000 Island Blvd	
Enter new mailing address, if applicable:	Unit 404	
Mailing address MAY BE A POST OFFICE BOX)	Aventura FL 33160	
	Avendra (17.55100)	
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address her  Name of New Registered Agent:  New Registered Office Address:		enter the name of the
	, Flori , City	ida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	ee to act in this capacity. I furth performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document

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 Type of Action **Address Title** Name | ABADI, NATALIE 2000 ISLAND BLVD MGR **■** Add UNIT 404 ☐ Remove AVENTURA FL 33160 □ Change \_□ Ådd \_□ Rèmove \_□ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove \_□ Change \_□ Add ☐ Remove ☐ Change

	mornados, ester	change(s) nore	Trutten adamon	al sheets, if neces:		
						_
						_
						_
						_
						-
						-
						_
						_
<del></del>			· · · · · · · · · · · · · · · · · · ·			_
						_
<del></del>		<del></del>		<u> </u>		-
<del></del> -				· -		-
						_
** / = - =			<del></del>			_
·		<del></del>				_
			·			_
neffective date is listed. te: If the date inscrte	than the date of fili the date must be specific a d in this block does no te on the Department o	and cannot be prior to t meet the applica	to date of filing or monthly ble statutory filing	(option than 90 days after five requirements, this o	ling.) Pursuant to 60	05.0 st <b>e</b> d
record specifies a he 90th day afte	a delayed effective r the record is filed	e date, but not d.	an effective tir	me, at 12:01 a.	m. on the ear	lier
ed Jan	24	201	<u>9</u> .			
		,	rized representative of		<u> </u>	
						1

Page 3 of 3

Filing Fee: \$25.00