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COVER LETTER

то:	Registration Se Division of Cor			
CUD II	Werent LLC			
SUBJE	SC1:	Name of Line	nited Liability Company	
The en	closed Articles of .	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Zachariah Anatoly Rothma	an	
		Werent LLC	Name of Person	
		2000 Island Boulevard, 40	Firm/Company	
		Aventura, FL 33160	Address	
		zach@werentrentals.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furt	ther information co	oncerning this matter, please ca	all:	
Zachar	iah Rothman		786451268	39
	Name of	Person	Area Code Dayti	me Telephone Number
Enclose	ed is a check for the	e following amount:		
\$25	0.00 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

werent ELC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L17000045600	ty Company were filed on	and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	limited liability company here: Limited Liability Company," the designation "LLC" or the ab	
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	22 59
		<u> </u>
If amonding the registered exact and/or we	egistered office address on our records, enter	N2 N3
registered agent and/or the new registered office a	egistered office address on our records, enter	the name of the
	· · · · · · · · · · · · · · · · · · ·	∰ # Ģ- φ
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zıp 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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records:</u>

<u>Title</u>	<u>Name</u> Richard A badi	Address	Type of Action
MER	Nichard A (Ad)	2000 Island Boulevard, 404, Aventura, FL 33160	
			□ Remove
			□ Change
			Remove
		**************************************	Change
			□ Remove
			□ Change
			
			□ Remove
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			D Add
			□ Remove
			☐ Change
			Remove

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Note:	tive date, if other than the date of filing:
ie re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of a 90th day after the record is filed.
Dated	· · · · · · · · · · · · · · · · · · ·
	(Zachariah Rajuman) Signature of a member or authorized representative of a member

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Filing Fee: \$25.00