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COVER LETTER

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TO: Registration Section Division of Corpora		v.	•	
SUBJECT: Wexica	n Dominica	_	Agency LLC (A	(ASOD)
The enclosed Articles of Ame	ndment and fee(s) are subr	nitted for filing.		
Please return all corresponden	ce concerning this matter t	to the following:		
-	Lion	Muhammad Name of Person		
f	tmerican D	ominican Bus Firm/Company	ball Agency LCC	ADOB4
$ar{ ilde{J}}$	DO BOX 413	O Cleanwater,	FL 33758	⇒ Fun
_	Chear un for	FL 33758 City/State and Zip Code	.	7 MAR 27 PM 2: 45
	Leon muha E-mail address: (10	o be used for hunny Junual report in	otification)	R HOL
For further information concer	ning this matter, please cal	11:		2: 編
Leon Muha Name of Pers	emmacl	at (<u>773</u>) <u>96 Y</u> Area Code Dayt	— 9677 ine Telephone Number	
Enclosed is a check for the fol	lowing 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 10 ARTICLES OF ORGANIZATION OF

American Daninican Base Name of the Limited Liability Company	ny as it now appears on our records.)	C. (ADaBA)		
	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on $3/2/1$	and assigned		
Florida document number <u>L1700004897</u>]				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or th	e abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	***************************************	3		
(Principal office address MUST BE A STREET ADDRESS)		3 3		
		7		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)		55		
	M-2000-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0-100-0			
B. If amending the registered agent and/or registered of	fice address on our records, ent	ter the name of the new		
registered agent and/or the new registered office address here				
Name of New Registered Agent:				
•				
New Registered Office Address:	Enter Florida street address			
	Florida			
	Ciri.	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p	performance of my duties, and I a	m familiar with and		

If Changing Registered Agent, Signature of New Registered Agent

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 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 Jose Luis Gaman 8633 SW 79 Place XAdd ☐ Change Haydhelen Velasquez 2555 Ponce de Leon Blocky Add Suite 602 Coval Gables, FL Rena ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

☐ Change

									
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