

L17000094533

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 MAY 23 PM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
JUN 12 2017

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WES POWER PARTS LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GAL GOLAN

Name of Person

WES Power PARTS LLC

Firm/Company

12441 NW 15th St APT: 308

Address

SHARIS FL 33323

City/State and Zip Code

GOLAN G P @

Gmail com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GAL GOLAN

Name of Person

at (786) 606 2382

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

PAID

check

attached

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

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2017 JUN 12 PM 2:38  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

WES POWER PARTS LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 4/28/17 and assigned.

Florida document number L17000094533.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Enter new principal offices addresses, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

New Registered Office Address:

Enter Florida street address

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  
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

| Title | Name           | Address                   | Type of Action                             |
|-------|----------------|---------------------------|--|
| MGR   | DeSeiree GOLAN | 12441 NW 15th St          | <input type="checkbox"/> Add               |
|       |                | Apt 308 Sunrise FL 33323  | <input checked="" type="checkbox"/> Remove |
|       |                |                           | <input type="checkbox"/> Change            |
| AMBR  | GAL GOLAN      | 12441 NW 15th St          | <input checked="" type="checkbox"/> Add    |
|       |                | Apt: 308 SUNRISE FL 33323 | <input type="checkbox"/> Remove            |
|       |                |                           | <input type="checkbox"/> Change            |
|       |                |                           | <input type="checkbox"/> Add               |
|       |                |                           | <input type="checkbox"/> Remove            |
|       |                |                           | <input type="checkbox"/> Change            |
|       |                |                           | <input type="checkbox"/> Add               |
|       |                |                           | <input type="checkbox"/> Remove            |
|       |                |                           | <input type="checkbox"/> Change            |
|       |                |                           | <input type="checkbox"/> Add               |
|       |                |                           | <input type="checkbox"/> Remove            |
|       |                |                           | <input type="checkbox"/> Change            |

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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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Notes: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 6/12/17

Signature of a member or authorized representative of a member

GAL GOLAN  
Typed or printed name of signee

**Filing Fee: \$25.00**