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COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Wear to Stare LL C 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:
Jasmue C. Calch Name of Person
Jasmire C. Calch Name of Person Weas to Starc LL C Firm/Company
LILID NE 201 Terr
Miami, FL 33179 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vasmyne (aleb at (186) 290-5904 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \rightarrow \$\subseteq \text{\$\subseteq \seteq \text{\$\subseteq \seteq \seteq \seteq \seteq \text{\$\subseteq \text{\$\subseteq \seteq

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

Near to (Name of the Limited)	Ciability Company as it now appears on Florida Limited Liability Company)	our records.
The Articles of Organization for this Limited Liabi		and assigned
This amendment is submitted to amend the followi	• ,	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl		#A-W-1-1-F-7-
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u>X)</u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	_	or records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	street address
		, Florida
Ī	City	Zip 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 is company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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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 = Aut	horized Member		
	Title	Name	Address	Type of Action
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un effective date i	is listed, the date must b	ate of filing: be specific and cannot be p ik does not meet the ap	rior to date of filing or m plicable statutory filin	ore than 90 days after fil g requirements, this d	ling.) Pursuant to 605.02 late will not be listed
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