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## COVER LETTER

TO: Registration S Division of Co					
WFG USA	_				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	ANDREA PARKER TERE	RY			
		Name of Person			
	WFG USA LLC				
		Firm/Company		~	
	1951 NW 7TH AVE STE	160-129		019 JI	
		Address	<del></del>	宝. 宝.	7
	MIAMI FLORIDA 33136				TICEO
	WFGROUPUSA@GMAIL	City/State and Zip Code .COM		2019 JUH 21 PH 1: 42	
	E-mail address: (	to be used for future annual report nout	ication)	1,2	
For further information of ANDREA PARKER TE	concerning this matter, please co	ali:			
Name (	of Person	at () Area Code Daytime	Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	€3 \$60.00 Filing Certificate of Certified Cop (additional copy	Status &	
	ANG ADDRESS: ration Section	STREET/COURING Registration Section			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WFG USA LLC				
(Name of the Lim	(A Florida Limited Li	r as it now appears on out ibility Company)	<u>r records.</u> )	
The Articles of Organization for this Limited I Florida document number L17000171516	Liability Company w	vere filed on	7 and assign	ed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company here:	2019	
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the designati		سۆ
Enter new principal offices address, if appli	cable:		2	
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>		· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:				12
(Mailing address MAY BE A POST OFFICE	(BOX)			<del></del>
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of	the new
Name of New Registered Agent:	ANDREA PARK	ER TERRY		
New Registered Office Address:	1951 NW 71'H A	VE STE 160 - 129		
- The state of the		Enter Florida stre	et address	
	MIAMI		, Florida	
		City	Zip Code	<del></del>

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, 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
MGR	REMI RODRIGUEZ	1951 NW 7TH AVE STE 160-129 MIAMI FL 33136	□ Add
		<del> </del>	■ Remove
			Change
MGR	ANDREA PARKER TERRY	1951 NW 7TH AVE STE 160-129 MIAMI FL33136	■ Add
			D Retrieve
			□ Remove
	<del></del>		D Add
		<del>-</del>	Remove
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te: If the date inser	ted in this block does ate on the Departmen	not meet the	applicable s	tatutory filing	requirements	this date wil	I not be list	ed as th
Junear S Creetive C	ate on the Departmen	it of scare \$1	ccords.					
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