## L17000184855

(Re	equestor's Name)	
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## **COVER LETTER**

**Registration Section** 

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Corp	orations				
SUBJECT: W65	Name of Lim	Puc			
	Name of Lim	ited Liàbility Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspor	idence concerning this matter	to the following:			
	Sopie Clarc	C			
		Name of Person			
		Firm/Company			
	620 NW	165th St Site III			
	Miami, PC	33169 City/State and Zip Code			
	E-mail address; (	to be used for future annual report notific	cation)	-	<del></del>
For further information co	ncerning this matter, please ca	all:		4. :	Ä
Sapia Elan	ec .	at ( 984 ) 466 - 3	2623		
Name of	Person	Area Code Daytime	Telephone Number	•	
Enclosed is a check for the	e following amount:			u•	Ge Ge
□ \$25.00 Filing Fee	Certificate of Status	at ( 984 ) 486 - Area Code Daytime  \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filin Certificate Certified C (additional co		
Registra	NG ADDRESS: ttion Section to of Corporations	STREET/COURIE Registration Section Division of Corpora			

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEISSER ! HARE PLL	۷.
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document numberL1700184855	•
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	, P.LL.C.
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	A
New Registered Office Address:	Enter Florida street address
	Florida
	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 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
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory from the date on the Department of State's records.	(optional) or more than 90 days after filing filing requirements, this date	.) Purst	iant to 605,020 ot be listed as
e record specifies a delayed effective date, but not an effectiv The 90th day after the record is filed.	e time, at 12:01 a.m.	on th	ne earlier o
ated $\frac{1/y}{9}$ $\frac{9}{2018}$ .			
Signature of a member or authorized representat	tive of a member		

Page 3 of 3

Filing Fee: \$25.00