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(Red	questor's Name)	
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(City	//State/Zip/Phone	#)
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Certified Copies	_ Certificates	of Status
Special Instructions to f	Filing Officer:	

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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Wexus Brands	ity Company	
The enclosed Articles of A	mendment and fee(s) are submitted for	filing.	
Please return all correspon	dence concerning this matter to the foll	lowing:	
	Dau	nid Bieda	
	Nar	me of Person	
	Quicken	Results, LLC	
	Fin	m/Company	-
	1650 S. Dixi	ie Hwy, Suite	503
	_		
	Boca Raton,	FL 33432	
	City/Sta	ite and Zip Code	
	E-mail address: (In he used	863 D hotmail. for future annual report notification	(on
For further information co	ncerning this matter, please call:	ion talant dimedi tepon nonnedito.	''
David	Bieda	(305) 72 J-\$447 Area Code Daytime Telep	7
Name of	Person	Area Code Daytime Telep	phone Number
Enclosed is a check for the	: following amount:		
□ \$25.00 Filing Fee	Certificate of Status Ce	5.00 Filing Fee & crtified Copy dditional 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 TO ARTICLES OF ORGANIZATION

2017-
2017 SEP 28
2017 SEP 28 PM 12: 21
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Zip Code

	Or		SEP 20
Ne	ity Company as it now appears a Limited Liability Company)	LLC i	CARLON CONTRACTOR
(<u>Name of the Limited Liabili</u> (A Floridi	ty Company as it now appears a Limited Liability Company)	on our records.	37 1 57 KM
The Articles of Organization for this Limited Liability C Florida document number <u>L170001883</u> .	Company were filed on	9/5/2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADDI</u>	RESS)	_ 	
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, ente	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	P-4-Pl		
	Enter Flori	ida street address	
		Florida	

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.

City

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** MGRM Quicken Results, LLC 1650 S. Dixie Huy. DANS Suik 203 ___ Remove Boca Ration, Floride 33432 - Change □ Add _□ Change ☐ Remove _____ Change □ Add ☐ Change ☐ Remove

☐ Change

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an effective ote: If the	ate, if other than the date date is listed, the date must be date inserted in this block effective date on the Depa	specific and cannot be pri does not meet the appl	or to date of filing or licable statutory fil	(option more than 90 days after fi ing requirements, this o	ling.) Pursuant to 605.0203
record The 90th	specifies a delayed e day after the record	ffective date, but r d is filed.	not an effective	time, at 12:01 a.	m. on the earlier o
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Typed or printed name of signee

Filing Fee: \$25.00