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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: WV	Milery	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ondence concerning this matter to	o the following:	
	Juan	Jorge Wila-	nowsky
	ı	ery LC Hrm/Company	
	1124 Kar	Courcours Address	e
	Bay 1	turbor Fsland, i	FL 33154
		o be used for future annual report noti	
For further information of	concerning this matter, please ca	H:	
MARCOS V	n'anousky of Person	at (<u>3</u> 5) <u>89 3</u> Area Code Daytim	60.2304 e Telephone Number
Enclosed is a check for t	he 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)

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

WW Winer	, – –	
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on ou la Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability (Florida document number 82-28879	Company were filed on $9-23$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designati	,
Enter new principal offices address, if applicable:		9
(Principal office address MUST BE A STREET ADD	RESS)	FEB 11
Enter new mailing address, if applicable:		PH LOW
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et 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
MGP	ROSA Czerwinski	1124 Kane Councourse	Add (\$ 3 150)
		Juan some wilamonsky	
			Change
			Remove
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effec <u>e:</u> I ume	re date, if other than the date of filing:
	2-5-2019
ed _	Thurst -
ed _	Signature of a member or authorized representative of a member JUAN JOLGE WILADWS KY

Filing Fee: \$25.00