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(Re	equestor's Name)	
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COVER LETTER

то:	Registration Sec Division of Cor			
CHDIC	WE TECHN	NOLOGIES HOLDINGS, LLC	2	
SUBJECT: Name of Limited Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspon	ndence concerning this matter	to the following:	
		Ines Morales		
			Name of Person	, week
		Private Advising Group		
			Firm/Company	
		600 Brickell Ave, STE 172	25	
			Address	······
		Miami, Florida 33131		
			City/State and Zip Code	
		ines@pag.law		
		E-mail address: (t	to be used for future annual report notific	cation)
For furt	her information ed	oncerning this matter, please ca	all:	
Ines Mo	orales		786 2921599 at ()	
	Name of	Person	at ()	Telephone Number
Enclose	d is a check for th	e 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

WE TECHNOLOGIES HOLDINGS, LLC		
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number L18000002490		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		e abbreviation "LLC." B MAR 27 AM 11: 97
(Principal office address MUST BE A STREET ADDRESS)		27 (SSE
		3 m
Enter new mailing address, if applicable:		E. FLORE
(Mailing address MAY BE A POST OFFICE BOX)		07
B. If amending the registered agent and/or registered off	lice address on our records, ent	er the name of the new
registered agent and/or the new registered office address here	:	
Name of New Registered Agent:	 	
New Registered Office Address:		
	Enter Florida street address	
	City Florida	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

Title	<u>Name</u>	Address	Type of Action
MGR	Diego Valenzuela Dellafiori	848 BRICKELL AVE	
		SUITE 1210	Remove
		MIAMI, FL 33131	Change
MGR	Francisco Javier Sepulveda	848 BRICKELL AVE	—————————————————————————————————————
		SUTTE 1210	☐ Remove
		MIAMI, FL 33131	Change
MGR	Alejandro Isaac Horvitz	848 BRICKELL AVE	
		SUITE 1210	☐ Remove
		MIAMI, FL 33131	Change
			D Add
			□ Remove
			C Change
			C Add
		-	□ Remove
			Change
			□ Remove
			☐ Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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(If an eff Note:	ive date, if other than the date of filing:	i.0207 (3)(b) ed as the	
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies 90th day after the record is filed.	er of:	
Dated	March 13, 2018		
	Dodrigo Mena		
	Signature of a member or authorized representative of a member		
	Rodrigo Mena Typed or printed name of signee		
	a yped or printed name of signee		

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Filing Fee: \$25.00