118000009930

(Re	questor's Name)	<u></u>
(Ad	dress)	
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(Cit	y/State/Zip/Phone #	·)
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TALLAHASSEE, FLUKIDA

Post Office Box 530858 • Miami Shores, Florida 33153-0858
Telephone (305) 751-0377 • Fax (305) 758-0036 • E-mail barryperl@comcast.net

Transmittal List

Attention: Registration Section

Enclosed please find the amended articles of organization for Wanabana LLC, document number L18000009930 and my check for the fee.

Please disregard a prior submission sent without payment.

Thank you for your assistance.

COVER LETTER

Div	ision of Cor	porations			
SUBJECT:	Wanabana				
Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please returr	all correspo	ndence concerning this matter	to the following:		
		Barry Perl, Manager			
			Name of Person		
		Wanabana LLC			
			Firm/Company		
		PO Box 530858			
			Address		
		Miami Shores, FL 33153			
			City/State and Zip Code		
		wanabanalle@gmail.com E-mail address: (to be used for future annual report notif	ication)	
For further in	nformation c	oncerning this matter, please ca	all:		
Barry Perl			305 751-0377		
	Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	ne following amount:			
\$ 25.00 F	iling 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

TO:

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

wanabana LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our record Liability Company)	<u>15.</u>)
The Articles of Organization for this Limited Liability Company were filed on January 11, 2018 Florida document number L18000009930		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.I_C."
Enter new principal offices address, if applicable:	2000 Ponce de Leon Blvd.	SECF ALL, 18 F
(Principal office address MUST BE A STREET ADDRESS)	to amend the following: the new name of the limited liability company here: ble and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" address, if applicable: 2000 Ponce de Leon Blvd. ST BE A STREET ADDRESS) Coral Gables, FL 33134 POST OFFICE BOX) cred agent and/or registered office address on our records, enter the name of the new new registered office address here: Line Florida street address Line Florida	
	Coral Gables, FL 33134	SSE SSE -2
Enter new mailing address, if applicable:		من الله الله الله الله الله الله الله الل
(Mailing address MAY BE A POST OFFICE BOX)		0 <u>0</u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent:		s, <u>enter the name of the n</u>
New Registered Office Address:		
	Enter Florida street addres	rs.
		
New Registered Agent's Signature, if changing Registered Agent:	•	гар Сош
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, a provided for in Chapter 605,	nd I am familiar with and F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
AMBR	Francisco J. Pena Cordovez	2000 Ponce de Leon Blvd.	
		Suite 600	Remove
		Coral Gables, FL 33134	☐ Change
AMBR	Santiago Pena Cordovez	2000 Ponce de Leon Blvd.	■ Add
		Suite 600	5 0
		Coral Gables, FL 33134	TI Character
			□ Remove
			□ Change
			Add
			□ Remove
			Change
			☐ Remove
			☐ Change
			
			□ Remove
			Change

•	ADD EIN: 82-4187502	
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	EB -	
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	<u>6:</u> 30	
		-
		
fec	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605	t n
ote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list nent's effective date on the Department of State's records.	ed
,	Series of the Department of State 3 records.	
	cord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlie 90th day after the record is filed.	er
	1	
ated	January 30. 2018	
	115 cm/ 5/	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

