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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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(Bu	siness Entity Nar	ne)
(Do	cument Number)	
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SECRETARY OF STATE

JUL 2 1 2018

COVER LETTER

TO:

Registration Section
Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

ne enclosed Articles of Amendment and fee(s) are submitted for filing.
ease return all correspondence concerning this matter to the following:
Ailin P. Lojo Name of Person Ity Bitty Organi(S, LLC
8783 SW 213 Lane Address
Chty/State and Zip Code
or further information concerning this matter, please call:
Ailin P. Lojo at (786) 385 - 3747 Name of Person Area Code Daytime Telephone Number
sclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee &\Bigcup \$55.00 Filing Fee &\Bigcup \$60.00 Filing Fee, Certificate of Status \$\Certified Copy\$ (additional copy is enclosed) Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Comple (A Florida Limited)	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1800012574.	y were filed on and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab WEGCING DUSH, LLC		_
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the Apprevention "L.L.C."	
Enter new principal offices address, if applicable:	N/A	_
(Principal office address MUST BE A STREET ADDRESS)	- 155 5 F	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	FLORIDA 17	- - -
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		new
Name of New Registered Agent:		_
New Registered Office Address:		
	Enter Florida street address	_
	, Florida	
	City Zip Code	_
New Registered Agent's Signature, if changing Registered Agent-		

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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
		NA	Add
			☐ Remove
			☐ Change
			Add
			Remove
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	· N/A
	
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	THE STATE OF THE S
E. Eff	Tective date, if other than the date of filing:
(lfar No	n effective 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 605.02 te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
	cument's effective date on the Department of State's records.
If the	record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
(0) 1	The 90th day after the record is filed.
ρ	2018
Dai	1cd JUly 9
	(\mathcal{L})
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00