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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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J. LEGGETT APR 0.2 2018

COVER LETTER

TO: Registration So Division of Con			
SUBJECT:	Atopiamax Enter	WN SC, LLC ited Liability Company	····
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Marco	S G, Rivera	
	WhopiaMo	Name of Person WENTERPOSE, LLC Firm/Company	
	5581 Sycar	ucre langon Driv	<u>e</u>
	4:ssimme	City/State and Zip Code	
	M. A. VIVE	ra by Valuo Lom to be used for future annual report notifi	ication)
For further information of	concerning this matter, please co	all:	
May B Name o	Livera of Person	at (<u>407</u>) <u>433 - 52</u> Area Code Daytime	235 Tetephone 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

(Name of the Limited Liability Company as it dow appe	ears on our records.)
The Articles of Organization for this Limited Liability Company were filed on _ Florida document number $L1800046800$.	02 21 2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "L.C." or the abbreviation "L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	7
Enter new mailing address, if applicable:	<u> गु</u>
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
	:
B. If amending the registered agent and/or registered office address or registered agent and/or the new registered office address here: Name of New Registered Agent:	on our records, <u>enter the name of the ne</u>
N. D. '. 100" All	
New Registered Office Address: Enter F	lorida street address
	Planida
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			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			□ Change
			☐ Remove
			☐ Change
			
			☐ Remove
		 	☐ Change
		□ Add	
		☐ Remove	
		☐ Change	
		□ Add	
	· · · · · · · · · · · · · · · · · · ·	□ Remove	
		□ Change	
			Remove

_□ Change

	Changing Ownership of Mayres G. Rivera from 50% to 51%
_	Changing ownership of Osivis I. Rivera from 50% to 49%
_	
_	
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_	7.2
_	
_	
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lf an effe <u>Note:</u>	ve date, if other than the date of filing:
he rec The	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier of: 90th day after the record is filed.
Dated .	March 29 , 2018.
	Signature of a member or authorized representative of a member
	Marcos G. Rivera Typed or printed name of signce

Page 3 of 3

Filing Fee: \$25.00