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(Re	questor's Name)	
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COVER LETTER

TO: Registration Division of C				
SUBJECT:	WEH	DESIG	N USA LCC nited Liability Company	
		, and or on	mea sucincy company	
The enclosed Articles	of Amendment and	fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerni	ng this matter	to the following:	
	Alice	de R	Name of Person	
			USA UC Firm/Company	
	2122	Trapp	Address	·····
	MIAM	FLO	City/State and Zip Code	
	alicec	-mail address:	(to be used for future annual report notif	ication)
For further information	concerning this m	atter, please c	all:	
Alice de Namo	Rogue me	aucel_	at (754) 243 Area Code Daytime	3779 Telephone Number
Enclosed is a check for	the following amo	ount:		
S25.00 Filing Fee	□ \$30.00 Fil Certifica	ing Fee & te 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 Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

· ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

WFH DESIGN USA	UC
(Name of the Limited Liability Compa (A Florida Limited U	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>とれる</u> ので <u>78694</u> .	were filed on $\frac{03}{27}/\frac{2018}{2018}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	2637 E ATLANTIC BLUD #44202 Pompono Beach FL 33062
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2637 E ATLANTIC BLYD #44202 POMPANO BEACH FL 33062
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	7.00 (1997)
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:	

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
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			□Remove
			□ Change
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	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ecti	ve date, if other than the date of filing: (optional)
<u>te:</u> 1	ctive 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed
rume	ent's effective date on the Department of State's records.
enre	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s file	
ted_	07/09/2021
	1 11/17
	Signature of a member or authorized representative of a member A LICE DE ROQUE MAUREC Typed or printed name of signee