L18000098371

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COVER LETTER

TO:		istration Session of Co		6	\$	
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SUBJE		WOMIENS	BUSINESS MAKER LLC	·	;	
			Name of Lim	ited Liability Company		
The enc	losed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please r	eturn	all correspo	ondence concerning this matter	to the following:		
			EMANUELLE OLIVEIRA	۸		
				Name of Person		
			CSG CAPITAL SERVICE	ES GROUP INC		
				Firm/Company		
	446 W HILLSBORO BLVD					
				Address		
			DEERFIELD BEACH, FL	. 33441		
				City/State and Zip Code		<u> </u>
-			EMANUELLE@THEWAY	'GROUP.BIZ		5 388
			E-mail address: (to be used for future annual report no	tification)	19 3
For furt	her in	formation c	concerning this matter, please c	all:		2.0 Sec.
EMAN	UELI.	E OLIVEI	RA	954,427,47 at ()	70	## 19 00 00 00 00 00 00 00 00 00 00 00 00 00
		Name o	of Person		me Telephone Number	SOCATIONS
Enclose	d is a	check for t	he following amount:			ω,
■ \$25	.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &

MAILING ADDRESS:

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

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) • The Articles of Organization for this Limited Liability Company were filed on $\frac{04/18/2018}{1}$ and assigned Florida document number 1.18000098371 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: WBM MIAMILLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 600 NE NE 27TH ST APT 2701 Enter new principal offices address, if applicable: MIAMI, FL 33137 (Principal office address MUST BE A STREET ADDRESS) 600 NE NE 27TH ST APT 2701 Enter new mailing address, if applicable: MIAMI, FL 33137 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

the agent and we new registered office and	HESS HETC.	1 57
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street	nttress
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

WOMENS BUSINESS MAKER LLC

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>	<u>Address</u>	Type of Action
AMBR	PAIVA, CAMILA P.	161 Crandon Blvd Apt 423	_
		Key Biscayne, FL 33149	
		· · · · · · · · · · · · · · · · · · ·	≡ Remove
			Change
AMBR	LEITAO. CAROLINA P	1925 BRICKELL AVE APT 1512	
		MAAM NI 22120	Add
		MIAMI, FL 33129	■ Remove
	DE LIMA, LAIS P	600 NE NE 27TH ST APT 2701	Change
AMBR	DE LIMA, LAIS I		
		MIAMI, FL 33137	
•			□ Remove
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MARCOS REZENDE - REGISTERED AGENT	MARCOS REZENI	DE - REGISTERED AGENT

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Filing Fee: \$25.00