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COVER LETTER

	WEN-I10 REAL ESTA	TE, LLC	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are subt	nitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	JHONNY A. MERCADO		
		Name of Person	·
	WEN-I10 REAL ESTATE	E, LLC	
		Firm/Company	
	1100 PARK CENTRAL E	BLVD SOUTH, SUITE 3300	
	POMPANO BEACH, FLO	ORIDA 33064	
	City/State and Zip Code com		
	E-mail address: (to be used for future annual report notif	ication)
For further information	n concerning this matter, please co	all:	
Raul Gastesi, Esq.		305 818-9993	
Nam	e of Person	Area Code Daytime	Telephone Number
Enclosed is a check fo	r the 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

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

WEN-I10 REAL ESTATE, LLC			
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our reco Company)	ord <u>s.</u>)	
The Articles of Organization for this Limited Liability Company were f Florida document number <u>L18000175668</u> .	iled on <u>July 20, 20</u>	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability co	mpany here:		
The new name must be distinguishable and contain the words "Limited Liability Con-	pany," the designation "L	LLC" or the abbreviation "	ໝ." ≥s
Enter new principal offices address, if applicable:		S	SH CR
(Principal office address MUST BE A STREET ADDRESS)		70	<u>@</u>
		0	CAR CONTE
		<u> </u>	- <u>#</u>
en a de la companya d		స్	
Enter new mailing address, if applicable:			- 2 -
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a registered agent and/or the new registered office address here:	ddress on our reco	ords, <u>enter the n</u> ame	of the n
Name of New Registered Agent:			
New Registered Office Address:		-	
	Enter Florida street ad	dress	
	,	, Florida Zip Cod	
- Ci	Ţŗ	Zip Cod	<i>!</i>
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to a provisions of all statutes relative to the proper and complete performancept the obligations of my position as registered agent as provide	rmance of my duties	r, and Lam familiar w	ith and

If Changing Registered Agent, Signature of New Registered Agent

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 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
MGR	MICHAEL L. SCHMICKLE	525 S. Flagler Drive, Suite 201, West Palm Beach, FL 33401	
			Remove
			□ Change
			Remove
			☐ Change
			□ Remove
			□ Change
			Remove
			☐ Change
			□ Add
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tee at a a a ta	C 41 41 41 4 . 4	f #11:			(optional)	
an effective date is Sote: If the date	f other than the date s fisted, the date must be s inserted in this block of tive date on the Depart	foes not meet the	applicable statuto	ing of more man 90 ua	ys after filing.) Purs	ant to 605.03 of be listed
Remient 5 thte	are dute on the trepart	men or course is to				
e record spec The 90th da	cifies a delayed eff y after the record	ective date, b is filed.	ut not an effe	ctive time, at 12	2:01 a.m. on t	ne earlier
Septemb	er 7	2018	·			
		A				
			or humorized tenres	entative of a member		_

Page 3 of 3

Filing Fee: \$25.00