## 11800184507

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	······
(City	/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nam	e)
(Doc	cument Number)	
Certified Copies	·	of Status
Special Instructions to F	Filing Officer:	
		/ <u>.</u> t

Office Use Only



000317430650

08/27/18--01009--001 \*\*25.00



## **COVER LETTER**

	gistration Sec islon of Corp				
SUBJECT:	Weigel Com	municaton Systems, LLC			
Name of Limited Liability Company					
The enclosed	Articles of A	mendment and fee(s) are su	abmitted for filing.		
Please return	all correspond	dence concerning this matte	er to the following:		
		Misty Weigel			
			Name of Person		
		Weigel Communication S	Systems, LLC		
			Firm/Company		
		1031 NE 33rd Lane			
			Address		
		Cape Coral, FL. 33909			
		weigelcommunications@c	City/State and Zip Code		
			(to be used for future annual report a	potification)	
For further in	formation con	cerning this matter, please o		,	nus 27
Misty Weigel	l		239 440-59 <b>8</b> 5		
Enclosed is a	Name of Pe	crson following amount:		time Telephone Number	AH 8: 92 EE. FLORIDA
					•
■ \$25.00 Fil	ing ree	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate o Certified Co (additional copy	f Status &

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**

Weigel Communication Systems, LLC	
(Name of the Limited Liability Comp (A Florida Limited	any as it dow appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number L18000184507	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lial	pility company here:
The new name must be distinguishable and contain the words "I imited I inhibit	ility 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)	
	<b>8</b> 2 F
Enter new mailing address, if applicable:	- S
(Mailing address MAY BE A POST OFFICE BOX)	
R If amonding the maintened areas and to	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address bere	ffice address on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
lew 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>	Name	Address	Type of Action
			□ Add
			Remove
<del></del>			
			□ Remove
			Change
			ASST Remove
			Remove Remov Remov Remov Remov Remov Remov Remov Remov Remov Remov Remov Remov Remov Remov Remov Rem
			Remove
			Change
<del></del>			□ Add
			□ Remove
			Change
<del></del>			□ Add
			□ Remove
			Chance.

have SR associated with his name	e. Our bank is telling me that the business account is going to be	
closed if we do not get this fixed		
	The second secon	<del>- 6</del>
	723	Ę
		•
	T. C.	<del>آ.</del> د:
	7	<del>ان ا</del> این ا
		<u> </u>
		<del>"</del>
		· <del></del>
ive date, if other than the date of fective date is listed, the date must be spe	(Optional)	
ent's effective date on the Departme	es not meet the applicable statutory filing requirements, this date will not be ent of State's records.	e liste
ord specifies a delayed effect 90th day after the record is	tive date, but not an effective time, at 12:01 a.m. on the e	arlie
and the factors is	med.	
September 5	2018	
( M 12 1.1		
Mester We Signan	re of member or authorized representative of a member	
{ } 0.6.mmm		_

Page 3 of 3

Filing Fee: \$25.00