

418000 190475

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

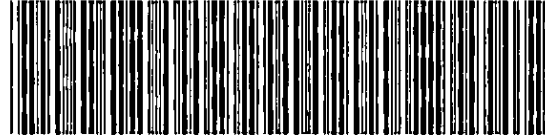
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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02/12/19--01019--002 **60.00

01/18/19--01006--024 **52.50

FILED
19 FEB -7 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

O SIMMONS
FEB 16 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 22, 2019

WILLIAN FERNANDES
7741 N MILITARY TRL, STE 1
WEST PALM BCH, FL 33410

SUBJECT: WILL ROBIN REAL ESTATE LLC
Ref. Number: L18000190475

We have received your document for WILL ROBIN REAL ESTATE LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

There is a balance due of \$7.50.

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist III

Letter Number: 719A00001606

2019 FEB -7 AM 10:03

DECAMERONGS@
Yahoo.com

703-999-4214

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Will Robin Real Estate, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William Fernandes
Name of Person
Will Robin Real Estate, LLC
Firm/Company
576 S. Dixie Hwy Suite 193
Address
West Palm Beach, FL 33401
City/State and Zip Code
Will@WillRobin.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Fernandes at (561) 358-1427
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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
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

Will Robin Real Estate LLC

(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 August 8th, 2019 and assigned
Florida document number L18000190475.

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 designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

516 S. Dixie Hwy
Suite 193
West Palm Beach, FL 33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

516 S. Dixie Hwy
Suite 193
West Palm Beach, FL 33401

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:

Name of New Registered Agent:

Julia S. Shneidman

New Registered Office Address:

516 S. Dixie Hwy Suite 193

Enter Florida street address

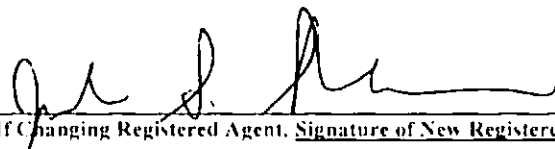
West Palm Beach, Florida 33401

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Julia Shneidman	516 S. Dixie Hwy	<input checked="" type="checkbox"/> Add
		Suite 193	<input type="checkbox"/> Remove
		West Palm Beach, FL 33411	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated February 2nd 2019

Umu K

William fernandes

Typed or printed name of signee