48000202301

Office Use Only



700319812057

10/22/18--01025--016 **25.00

COVER LETTER

TO:

TO: Registration Section Division of Corporat	ions		
SUBJECT: WE	Buy H	UYSES LLC nited Liability Company	
	Name of Lin	nited Liability Company	
The enclosed Articles of Amen	dment and fee(s) are sub	omitted for filing.	
Please return all correspondence	e concerning this matter	to the following:	
	DAVID	KUTNEA Name of Person	
	TROPIC	Name of Person Howards L Firm/Company	LC
	_	NW 84 AUE	
	DOLAL F	-(35 / 26 . City/State and Zip Code	. ,
	TRopict E-mail address:	Hall west for future annual report notif	L. Com
For further information concern	ning this matter, please c	all:	1 5 1
DAUD Ku Name of Perso	ATNER.	at (<u>365</u>) <u>613</u> -	-5484 Telephone Number
Enclosed is a check for the follo	owing 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 A CRegistration.9 (Division of C (P:O-Box 632 Tallahassee	orporations 7	STREET/COURT Registration Section Division of Corpora Clifton Building 2661 Executive Ce Tallahassee, FL 32.	n ations nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE Buy House	ES MIAMI L	LC
(A Florida Limited	any as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company	y were filed on $8-23$	-18 and assigned
Florida document number <u> </u>		·
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words Limited Liab		
The new name must be distinguishable and contain the words. Limited Liab	oility Company," the designation "	
Enter new principal offices address, if applicable:	NA	
(Principal office address MUST BE A STREET ADDRESS)		• • •
		· ·
Enter new mailing address, if applicable:	NA	
(Mailing address MAY BE A POST OFFICE BOX)		D D
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		ords, enter the name of the new
registered agent units of the new registered office address he	<u></u> .	
Name of New Registered Agent:	A	
New Registered Office Address:		
	Enter Florida street aa	dress
		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

MGR = Manager AMBR = Authorized Member <u>Title</u> <u>Name</u> **Address Type of Action** □ Add ☐ Remove 🗖 Remove ☐ Change - -_D Add _□ Remove _□ Change _□ Add _□ Remove _D Add _□ Remove ☐ Change _D Add □ Remove ☐ 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:

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ective date, if other	Alaan Alaa ahaa ah ee ee	1 :		(A' D .	 D.C
effective date is listed, th	ne date must be specific in this block does no	and cannot be prior to of meet the applical	ole statutory filing re	(optional) than 90 days after filing.) P quirements, this date wi	ursuant to 605.0
record specifies a he 90th day after	delayed effective the record is file	e date, but not ed.	an effective tim	e, at 12:01 a.m. or	the earlier
ed		-: 	_ ·		
	1/1/ 1	7	built English of the		
	Signature o	n a member of author	ized representative of a	i member	

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Filing Fee: \$25.00