L18000222339

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(, , , , , , , , , , , , , , , , , , ,
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04/28/22--01029--014 **30.00



COVER LETTER

TO:

TO: Registration Se Division of Cor					
GLOBAL V			*		
SUBJECT:	Name of Limi	ited Liability Company	***************************************		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	ROSA VILA				
		Name of Person	<u> </u>		
	GLOBAL VILA LLC				
		Firm/Company			
	14348 SW 96 TERRACE				
		Address			
	MIAMI, FL 33186				
		City/State and Zip Code			
	rosaosanalink@yahoo.com				
The Early of Commention of	E-mail address: (oncerning this matter, please c	to be used for future annual report	(notification)		
	oncerning this matter, prease c				
Rosa Vila		786 7686589 at ()	sytime Telephone Number		
Name o	of Person	Area Code Da	sytime Telephone Number		
Enclosed is a check for the	he 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)		
<u>Mailing Addres</u> Registration		<u>Street Addres</u> Registration			
Registration Section Division of Corporations		Division of	Division of Corporations		
P.O. Box 633			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		
Tallahassee.	FL 32314	2410 N. MC	mioc succi, suite oro		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2022 APR 26 AM 10: 27 SECRETARY OF STATE TALLAHASSEE, FLUID

GLOBAL VILA 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 Com	pany were filed on	Sept 19, 2018	and assigned
Florida document number	1.18000222339			
This amendment is submitted	d to amend the following:			
A. If amending name, ente	r the new name of the limited	l liability company he	ere:	
WE Trends LLC				
The new name must be distinguish	nable and contain the words "Limited	Liability Company," the d	lesignation "LLC" or the ab	previation "L.L.C."
Enter new principal offices	address, if applicable:			<u> </u>
(Principal office address M	<u>UST BE A STREET ADDRES</u>	<u></u>		
Enter new mailing address	, if applicable:			
(Mailing address MAY BE)	<u>4 POST OFFICE BOX)</u>	***		
B. If amending the register agent and/or the new register Name of New Register			ecords, <u>enter the nam</u>	
Name of New Negr	stered Agent.	•		
New Registered Of	Tice Address:	Futer Flo	rida street address	
		City	Florida	Zip Code
New Registered Agent's Sign	ature, if changing Registered A			,
I hereby accept the appoin provisions of all statutes re accept the obligations of m	tment as registered agent and clative to the proper and com ty position as registered agen t a change in the registered o	l agree to act in this plete performance of it as provided for in C	"my duties, and I am f Chapter 605, F.S. Or,	amiliar with and if this document is

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
			□Change
			□Add
			□Remove
		.	□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. Il alliciic	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effect Note: If	e date, if other than the date of filing:
the record s cord is filed	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
Dated	
	Signature of a member or authorized representative of a member
	Rosa O Vila
	Typed or printed name of signee

. .

Filing Fee: \$25.00