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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
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C. GOLDEN FEB 1 4 2019

COVER LETTER

Division of Corp	oorations		
SUBJECT: Wese	11Florida Real Esta		
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	idence concerning this matter	to the following:	
	<u> 501</u> Di	Nume of Person	
		Firm/Company	
	827 Cen	Per Ade #3	.
	Holly Hil	1 F1 3211 (ity/State and Zip Code	7
	15ell My i DNA, 1 Equal address: (Com D g m 2). con to be used for auture annual report noti	fication)
For further information co	I neerning this matter, please ca		
S Name of	Z N V	at (<u>386</u>) <u>443</u> Area Code Daytim	- <u>Z740</u> e Telephone Number
Enclosed is a check for the	following amount:		
2 \$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

. 5

TO:

Registration Section

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

FILED

WeSelfToridaRe	I Estate, com LLC	2019 FEB -8 PM 5: 3
(Name of the Limite)	d Liability Company as if now appears on our records. A Florida Limited Liability Company)	MALLAHASSEF, FI
The Articles of Organization for this Limited Lia Florida document number <u>L1900000</u>		- 42 / 1 C.
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	the limited liability company here:	•
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	TADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/oregistered agent and/or the new registered off	or registered office address on our records, ice address here:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	ida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Re	egistered 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>	Address	Type of Action
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Filing Fee: \$25.00