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(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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SCCRETARY OF STATE
FALLAHASSEE, FLORIDA

MAY 02 2019

T SCHROEDE!

COVER LETTER

Division of Corp	porations		
WERLEY U	JSA LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of .	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	CAROLINA WERLY OUV	/ERNEY	
		Name of Person	··· ·
		Firm/Company	
	23269 STATE ROAD 7. SU	JULE 119	
	BOCA RATON - FL 33428	Address	
	PRIMEINCOMETAX1@GI		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	II:	
CAROLINA WERLY O	UVERNEY f Person	954 918-7792 at ()	Telephone Number
THE V			
Enclosed is a check for the	ne 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:

TO:

Registration Section

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

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u> s.</u>)	
The Articles of Organization for this Limited Liability Company	y were filed on 01/02/2019	···	and assigned
Florida document number L19000004905			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
WERLY USA LLC			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		A CE	19
(Principal office address MUST BE A STREET ADDRESS)		200	<u>*</u> m_
		55.22 10.32	23
			<u>⊋</u> [∏
Enter new mailing address, if applicable:			<u>~</u> 0
(Mailing address MAY BE A POST OFFICE BOX)		RRIE DE	<u>-</u>
B. If amending the registered agent and/or registered e registered agent and/or the new registered office address he		s, enter the	name of th
Name of New Registered Agent:			
New Registered Office Address:		<u> </u>	
	Enter Florida street addre:	NN NN	
		orida	7: () /
	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>	Type of Action
			Remove
			Change
			Remove
			☐ Change
			HASSET OF PA
			OF STATE Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change

PLEASE I'D LIKE TO CH.	ANGE IT TO WERLY USA LLC.	
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		19 SEC
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		IDA IDA
ffective date is listed, the date mu	st be specific and cannot be prior to date of filing or	(optional) r more than 90 days after filing.) Pursuant to 605.6
	lock does not meet the applicable statutory till partment of State's records.	ling requirements, this date will not be listed
	•	
cord specifies a delaye	d effective date, but not an effective	e time, at 12:01 a.m. on the earlie
e 90th day after the red	cord is filed.	
, APRIL 17	2019	
APRIL 17		
<i>^</i> 2	Willy Ju Verry Signature of a member or authorized representati	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00