## 11900000 8979

| (Re                       | questor's Name)     |            |
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| (Add                      | dress)              |            |
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| (Cit                      | y/State/Zip/Phone # | <i>r</i> ) |
| PICK-UP                   | WAIT                | MAIL       |
| (Bu:                      | siness Entity Name  | )          |
| (Do                       | cument Number)      |            |
| Certified Copies          | _ Certificates o    | f Status   |
| Special Instructions to I | Filing Officer:     |            |
|                           |                     |            |
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|                           |                     |            |

Office Use Only



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2019 JAN 17 PH 1: 26

C. GOLDEN

JAN 2 4 2019

## **COVER LETTER**

| TO: Registration Secti<br>Division of Corpo |   |   |   |
|---|---|---|---|
| SUBJECT:                                    | Vellington Pame of Lim                          | Slve LLC ited Liability Company                                     |   |
| The enclosed Articles of An                 | nendment and fee(s) are sub                     | mitted for filing.  |   |
| Please return all correspond                | ence concerning this matter                     | to the following:   |   |
|   | N   | laria Chamor  | ^ ~~<br>  |
|   | _Seagl  | Name of Person  ASS Property M  Firm/Company  Stale Rd7-            | anagement   |
|   | 1035  | 5 Stale Rd7-  | Suite 315#7   |
|   |   | ngton, FL 334<br>City/State and Zip Code                            |   |
|   | Cristina · Se<br>E-mail address: (1             | aglass Egmal C  | O CCC   |
|   | cerning this matter, please co                  | all:  |   |
| Maria (                                     | hamo (10  | at ( <u>56/</u> ) <u>215-16</u><br>Area Code Daytime Te             | clephone Number   |
| Enclosed is a check for the f               | following amount:                               |   |   |
| \$25.00 Filing Fee                          | □ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED

| Wellington  | Blue  | LLC                            | 2019 JAN 17 PM 1:26          |
|---|---|--------------------------------|------------------------------|
| (Name of the Limited Liability<br>(A Florida  | y Company as it now as<br>Limited Liability Compa | ppears on our records.<br>any) | TALLAMASSEE, FL              |
| The Articles of Organization for this Limited Liability Co  |   | n 1/7-/19                      | and assigned                 |
| Florida document number <u>L190000897</u>   | 1.  |                                |                              |
| This amendment is submitted to amend the following:   |   |                                |                              |
| A. If amending name, enter the new name of the limit  | ted liability compan                              | ı <u>v here</u> :              |                              |
| WELLINGTON BLU  | E PARTA   | IERS, LI                       | _C                           |
| The new name must be distinguishable and contain the words "Limit   | ted Liability Company,"                           | the designation "LLC"          | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   | ~   | 1                              |                              |
| (Principal office address MUST BE A STREET ADDR.  | ESS)  |                                |                              |
| Enter new mailing address, if applicable:<br>(Mailing address MAY BE A POST OFFICE BOX)   | N/A   | 3                              |                              |
| B. If amending the registered agent and/or regist registered agent and/or the new registered office addr  Name of New Registered Agent: | ered office address                               | s on our records,              | enter the name of the new    |
| New Registered Office Address:  | N/B<br>Enter                                      | r Florida street address       |                              |
|   |   | , Flor                         | rida                         |
|   | 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.

W/AIf 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 |
|--------------|-------------|----------------|----------------|
|              | N/A         | N/A            | Add            |
|              | 1           |                | Remove         |
|              |             |                | Change         |
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| Note:               | ive date, if other than the date of filing:  [coptional]  fective 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)(1)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records. |
| f the re<br>(b) The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.  |
| Dated               | 1/14 2019 ()<br>M. Jahler   |
|                     | Signature of a member of authorized representative of a member  Mana. Chambro   |
|                     | Typed or printed name of signee   |

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Filing Fee: \$25.00