

L19000 088 828

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

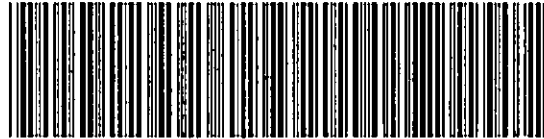
(Business Entity Name)

(Document Number)

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SEP 11 11 22 AM '13  
TALLAHASSEE, FLORIDA

2013 SEP 11 PM 2:12

FILED

SEP 2 2013

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** WEEGOT HELP US, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERNESTO HENOT

\_\_\_\_\_  
Name of Person

WEEGOT HELP US, LLC

\_\_\_\_\_  
Firm/Company

9737 NW 41 ST, #395

\_\_\_\_\_  
Address

DORAL, FL 33178

\_\_\_\_\_  
City/State and Zip Code

info@ateaccounting.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNESTO HENOT

305 778-9108

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**

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**

WEEGOT HELP US, 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 Company were filed on 04/03/2019 **FILED** and assigned  
Florida document number 1.19000088828

This amendment is submitted to amend the following:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

2678 NW 97 TH AVE

**(Principal office address MUST BE A STREET ADDRESS)**

DORAL FL 33172

**Enter new mailing address, if applicable:**

2678 NW 97 TH AVE

**(Mailing address MAY BE A POST OFFICE BOX)**

DORAL FL 33172

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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**

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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[illegible]

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

*Ernesto Henot*  
Signature of a member or authorized representative of a member

ERNESTO HENOT  
*NEH*  
Typed or printed name of signee