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## **COVER LETTER**

TO: Registration Se Division of Cor			
05 WE SEE	RVICES, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ARMANDO NODA		
		Name of Person	<del> </del>
	ARM CONSULTING & C	CO INC	
		Firm/Company	
	3475 SHERIDAN ST SUI	TE 313	
		Address	
	HOLLYWOOD, FL 33021		
		City/State and Zip Code	<del></del>
	ARMCONSULTING@YM	IAIL.COM to be used for future annual report notif	ication)
For further information c	concerning this matter, please ca		icanony
ARMANDO NODA	onocramig and matter, predict to	786 2865344	
	of Person	at (at Code Daytime	T.J. Nambara Number
		Area Code Daytinic	: Telephone (Number
Enclosed is a check for t			
■ \$25.00 Filing Fee	S30.00 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 Division of C P.O. Box 633 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee c Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2620 JULY 14 AR 10: 16

05 WE SERVICES, 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 Con	npany were filed on 05/09/2019	and assigned
Florida document number L19000126536		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
5 WE SERVICES, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE		
The second secon	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:  Name of New Registered Agent:	office address on our records, en	
New Registered Office Address:		<del>,</del>
	Enter Florida street address	
	, Florida City Zip Code	
N. D. Sa. J.A. N. Charles W. Gabrieria Designated	•	z.p Code
New Registered Agent's Signature, if changing Registered	APERT:	
I hereby accept the appointment as registered agent ar provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I nplete performance of my duties nt as provided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

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
MGRM	SILMARA JUNQUEIRA	18081 BISCAYNE BLVD APT 301	<b>\</b> Add
		NORTH MIAMI BEACH, FL 33160	□Remove
			□ Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			Change
			🗀 Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change

(If an e	ctive date, if other than the date of filing:
he rec	ord 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 filed.
Date	ed JULY 06 . 2020 .
	Signature of a member or authorized representative of a member
	VOLMAR MILLECK

Filing Fee: \$25.00