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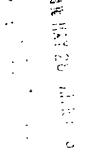
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COVER LETTER

. Division of Cor	porations				
We R Here	4 U LLC				35
	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:			
	Shannon Stahlin				
		Name of Person			
	Direct Incorporation				
		Firm/Company			
	315 W Huron St Ste 240				
	Address				
	Ann Arbor, MI 48103				
		City/State and Zip Code			
	documents@directincorp.co				
	E-mail address: (to be used for future annual	report notifie	ation)	
For further information c	oncerning this matter, please co	all:			
Shannon Stahlin		877 28	1-6496		
Name o	i Person	Area Code	Daytime T	Felephone Number	
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee &	□ \$55.00 Filing Fee	&	□ \$60.00 Filin	g Fee.
	Certificate of Status	Certified Copy (additional copy is end		Certificate Certified C	of Status &
			····		
MAIL	ING ADDRESS:	STREE	I/COURIE.	R ADDRESS:	

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

We R Here 4 U 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 Liab	oility Company	were filed on $\frac{05/09}{}$	and assigned	
This amendment is submitted to amend the follow	ring:			
A. If amending name, enter the new name of t	<u>he limited liab</u>	ility company here	:	
The new name must be distinguishable and contain the wor	ds "Limited Liabil	lity Company," the desi	gnation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicat	ole:	950 Malabar Rd. S	SW #111103	
(Principal office address MUST BE A STREET		Palm Bay, FL		
		32907		
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>			
B. If amending the registered agent and/or registered agent and/or the new registered office			our records, <u>enter the name of the no</u>	
Name of New Registered Agent:	Bryan Smith			
New Registered Office Address:	950 Malabar Ro	d. SW #111103		
		Enter Florid	a street address	
	Palm Bay		Florida ³²⁹⁰⁷	
	-	City	Zip Code	
New Registered Agent's Signature, if changing Re	gistered 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, <u>enter the title, name, and address of each person being a or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Bryan Smith	950 Malabar Rd. SW #111103	□ Add
		Palm Bay, FL 32907	O Add
		· · · · · · · · · · · · · · · · · · ·	☐ Remove
			☐ Change
			
			□ Remove
			☐ Change
			Add
			☐ Remove
·			Change
			□ Add
			Remove
			Change
			☐ Remove
			Change
			Add
			□ Remove
			Change

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Note: If the da	c, if other than the date of filing:
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: lay after the record is filed.
Dated May 24	. 2019
_	Signature of a member or authorized representative of a member
Sha	nnon Stahlin, Pres- Direct Incorporation

Page 3 of 3

Filing Fee: \$25.00