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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Oit) Oitato Elph Hollo II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Cor			
WEDO TA	XES MULTISERVICES LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	endence concerning this matter	to the following:	
	STEPHANIE MESA		
		Name of Person	
		Firm/Company	
	801 MADRID ST STE 2	Pittir Company	
		Address	
	CORAL GABLES, FL 33	134	
		City/State and Zip Code	·· <u>·</u>
	WEDOCORP801@GMAIL		
n color for any		to be used for future annual report no	tification)
	oncerning this matter, please c		
STEPHANIE MESA		786 329-3684 at ()	
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	he 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)
<u>Mailing Addres</u> Registration		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEDO TAXES MULTISERVICE			
(Name of the Limi	ted Liability Company as it now ar pea (A Florida Limited Liability Company)	rs on our records.)	
ne Articles of Organization for this Limited L	iability Company were filed on 1/	24/2025	_ and assigned
orida document number L19000151349			
nis amendment is submitted to amend the following	owing:		
If amending name, enter the new name of	of the limited liability company h	<u>ere</u> :	
e new name must be distinguishable and contain the	words "Limited Liability Company," :he	designation "LLC" or the abbre	
nter new principal offices address, if appli	cable:		- 2025
rincipal office address MUST BE A STREI			
	 ;	•	. 0 1
nter new mailing address, if applicable:			I
tailing address MAY BE A POST OFFICE			<u>;</u>
taning address MAT BE A FOST OFFICE	<u>.no.vj</u>		7 3
. If amending the registered agent and/or gent and/or the new registered office addre	registered office address on our less here: STEPHANIE MARIE MESA	records, enter the name (of the new regist
Name of New Registered Agent:			
New Registered Office Address:	801 MADRID ST STE 2	orida street address	
	CORAL GABLES		4
	City	, Florida ³³¹³	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>	Address	Type of Action
MGR	PEDRO L VILLAR PUIG	801 MADRID ST STE 2	
		CORAL GABLES, FL 33134	_
			□Change
			□Add
			□Change
_			□ Add
			□Remove
			Change
<u>-</u>			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Remove
			□ Change

1 amending any other i	information, enter change(s) here: (Attach additional sheets, if necessary.)
N	r than the date of filing: the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0, and in this block does not meet the applicable statutory filing requirements, this date will not be listed
document's effective da	ate on the Department of State's records.
the record specifies a dela scord is filed.	yed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
JANUARY 24 Dated	2025
	Signature of a member or authorized representative of a member
STEPHANI	IE MARIE MESA Typed or printed name of signee

Filing Fee: \$25.00