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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	1
Certified Copies	_ Certificates	s of Status
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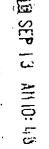
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COVER LETTER

ΓΟ: Registration S Division of Co			
	1 International Group LLC		200
SUBJECT:	Name of Lim	ted Liability Company	750
The analogue Agricles of	Amendment and fee(s) are sub-	mittad for filing	E.
			•
'lease return all corresp	ondence concerning this matter	to the following:	
	Jordan Montoya		
		Name of Person	
	Wellington International G	roup LLC	
		Firm/Company	
	13145 Chadwick Ct #16	·	
		Address	
	Wellington, FL 33414		
	jemontoya1000@gmail.con	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	aytime Telephone Number S60.00 Filing Fee, Certificate of Status &
For further information	concerning this matter, please ca	all;	
Jordan Montoya		561- 281-5523	
Name	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	

MAILING ADDRESS:

TO:

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

ARTICLES	OF ORGANIZATION	? .
	OF	
Wellington International Group LLC		
	y Company as it now appears on our records	
(A Florida	y Company as it now appears on our records Limited Liability Company)	and assigned.
	07/10/2010	
The Articles of Organization for this Limited Liability Co	ompany were filed on 07710/2019	and assigned.
lorida document number L19000177727		7.3°
	-	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:	
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:		
Principal office address MUST BE A STREET ADDR	ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
muning duaress may be a rost of the body	·	
	,,	-
B. If amending the registered agent and/or regist		s, enter the name of the new
egistered agent and/or the new registered office addr	<u>ess here:</u>	
Name of New Registered Agent:		
rante of the regimered rigen.		
New Registered Office Address:		
 :	Enter Florida street address	r.
	rı.	omido.
	City , F10	orida Zip Code
	City	Eg. Com

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>	Type of Action
MGR	Aaron Watters	13145 Chadwick Ct #16 Wellington, FL 33414	Add
			■ Remove
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Effective date, if other than the d If an effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	be specific and cannot be prior to k does not meet the applicable	date of filing or more than 96 le statutory filing requires	(optional)) days after filing.) Pursuant to 605.0 nents, this date will not be listed)207 (. I as th
he record specifies a delayed The 90th day after the reco	effective date, but not a rd is filed.	an effective time, at	12:01 a.m. on the earlier	of:
September 9th Dated	2019			
Dated				
	71			
	Senature of a member or authoriz	ed representative of a memb	per	

Page 3 of 3

Filing Fee: \$25.00