## 49000 206725

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(0.1), 0.11.0.2.4
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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08/27/19--01012--025 \*\*25.00

2018 Mic 27 AH 8: 15

C. GOLDEN
SEP - 9 2019

## **COVER LETTER**

Registration Section Division of Corporations

TO:

SUBJECT:	WLA Man	nagement l	_LC		
			Name of Limi	ted Liability Company	
The enclosed	d Articles of At	mendment and	l fee(s) are subt	nitted for filing.	
Please returi	n all correspond	lence concern	ing this matter t	to the following:	
		Jaime	Ricardo	Reyes	
				Name of Person	
		Cba Mia	mi LLC		<u>_</u>
				Firm/Company	
		7855 NV	/ 12th Stree	t, Suite 214	
				Address	
		DORAL	FL 33126		
				City/State and Zip Code	
			llc@gmail.c :-mail address: (t	o be used for future annual repor	t notification)
For further i	nformation con	cerning this n	natter, please ca	ill:	
Jaime	Ricardo	Re	eyes	at ( 786 ) 728	5603
	Name of I	erson		Area Code D	aytime Telephone Number
Enclosed is	a check for the	following am	ount:		
<b>떤 \$</b> 25.00 I	Filing Fee	S30.00 Fi Certifica	ling Fee & ate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	☐ \$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	G ADDRES: ion Section of Corporatio : 6327 see, FL 32314	ns	Registration S Division of C Clifton Build	orporations ing ve Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



WLA Management LLC

company has been notified in writing of this change.

2019 AUG 27 AM 8: 15

(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 w	ere filed on 08/09/2019	and assigned
Florida document number L19000206725		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<del></del> -	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:	ce address on our records, <u>enter t</u>	he name of the
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 provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as pro	erformance of my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being a or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Lindarte William	10254 NW 72nd Street	Add
		Doral, FL 33178	☑ Remove
			☐ Change
MGR	Lindarte Carrasquero, William Gregory	10254 NW 72nd Street	<b>\vec{v}</b> Add
	vviillatti Gregory	DORAL FL 33178	Remove
			Change
		<del></del>	□ Add
			☐ Remove
			Change
			Remove
			Change
<del></del>			Add
			□ Remove
			Change
			□ Remove
			Change

<u> </u>	
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<del>4</del> 17	
<del></del>	
<del></del>	
<del></del>	
If an effective date is listed, the one Note: If the date inserted in	an the date of filing:
ne record specifies a d The 90th day after th	elayed effective date, but not an effective time, at 12:01 a.m. on the earlier ne record is filed.
Dated August 21	2019
<del></del>	Signature of a member or authorized representative of a member
William Great	ory, Lindarte Carrasquero
	Typed or printed name of signee

( ) D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00