LZO 000018150

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COVER LETTER

Division of Cor			£			
, WETRIP L			•			
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Adrian E. Irias					
	Name of Person					
	Garcia-Menocal Irias & Pastori LLP					
	Firm/Company					
	368 Minorea Avenue					
		Address				
	Coral Gables, Florida 3311	34				
	·	City/State and Zip Code				
	adrian@gmilaw.com		·			
C. P. ali in Francisco	E-mail address: (concerning this matter, please c	to be used for future annual report not	incation)			
	oncerning this matter, please c					
Adrian E. Irias		305 400-9652 at ()				
Name o	of Person	Area Code Daytin	ne 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 Addre</u> Registration		Street Address: Registration So	ection			
Division of Corporations		Division of Co	Division of Corporations The Centre of Tallahassee			
P.O. Box 632 Tallahassee.			ramanassee oe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WETRIP LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L20000018150</u> .	pany were filed on January 10, 2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited	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 ADDRES.	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2020 OC SEC.33
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the na</u>	me ofithe Rew registered
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 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 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>	Name	<u>Address</u>	Type of Action
MGR	Jennifer Castillo Norman	1395 Brickell Avenue, Suite 1018	□Add
		Miami, FL 33131	□Remove
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applicable	(optidate of filing or more than 90 days after e statutory filing requirements, this	onal) filing.) Pursuant to 605,0207 (3) s date will not be listed as the
he record specifies a delayed effect ord is filed.	ive date, but not an effective time	, at 12:01 a.m. on the earlier of: (b) The 90th day after the

Filing Fee: \$25.00

Typed or printed name of signee