

L 200000 32200

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

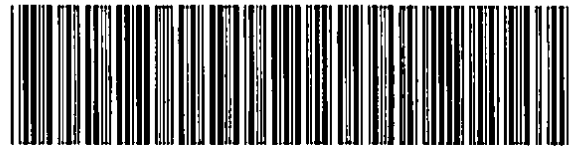
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200340942582

03/21/20--01015--016 --03:04

FILED

2020 MAR 30 AM 8:44

2020 MAR 30 AM 8:44

Amend

MAR 31 2020

ALBRITTON

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NetWell Engineer LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alain Toledo  
Name of Person

NetWell Engineer LLC  
Firm/Company

2694W 74 Terr  
Address

Hialeah FL 33016  
City/State and Zip Code

antolledo786@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alain Toledo at ( 786 ) 541-4541  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



RECEIVED

2020 MAR 30 PM 12:32

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 14, 2020

ALAIN TOLEDO  
2694 W 74 TER  
HIALEAH, FL 33016

SUBJECT: NETWELL ENGINEER LLC  
Ref. Number: L20000032200

We have received your document for NETWELL ENGINEER LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 520A00005681

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NETWELL ENGINEER LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

01/27/2020 EFF: 01/25/2020

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number 120000032200.

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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED  
2020 MAR 30 AM 8:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Alain Toledo

New Registered Office Address:

2694 W 74TH

Enter Florida street address

HALEAH

City

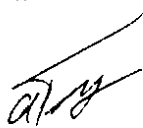
Florida

FL 33016

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>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>Alain Toledo SR</u>	<u>2694 W 74 Terr</u>	<input type="checkbox"/> Add
		<u>Hialeah FL 33016</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Alain A Toledo SR</u>	<u>2694 W 74 Terr</u>	<input type="checkbox"/> Add
		<u>HIALEAH FL 33016</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Alain A Toledo</u>	<u>2694 W 74 Terr</u>	<input type="checkbox"/> Add
		<u>HIALEAH 33016</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Alain A Toledo</u>	<u>2694 W 74 Terr</u>	<input type="checkbox"/> Add
		<u>HIALEAH FL 33016</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Alain A Toledo</u>	<u>2694 W 74 Terr</u>	<input type="checkbox"/> Add
		<u>HIALEAH FL 33016</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AP</u>	<u>Alain A Toledo</u>	<u>2694 W 74 Terr</u>	<input type="checkbox"/> Add
		<u>HIALEAH FL 33016</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

I am a work Home office company  
where I Alain A Toledo am the only employee  
as an agent.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated March 24<sup>th</sup> 2020

Alain A Toledo  
Signature of a member or authorized representative of a member

Alain A Toledo

Typed or printed name of signer

I called the (850) 245 6050 number and  
she told me I don't have to pay again.

Filing Fee: \$25.00