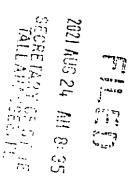
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(Requ	iestor's Name)	
(Addri	ess)	<u></u>
(Addr	ess)	
(City/S	State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Name	e)
(Docu	rment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838

F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:	08/24/2021	
Name:		
Reference #:	4.450.440	
Entity Name:	WE	R FLORIDA LLC
	s of Incorporation/Authoriza	
✓ Ameno	dment	
Chang	e of Agent	
Reinst	atement	
Conve	rsion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized A	mount / \$25.00	·

P: 800.221.0102 F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	08/24/2021	
Name:		
	1456413	
Entity Name	e: WE	R FLORIDA LLC
Articl	es of Incorporation/Authoriz	ation to Transact Business
✓ Amer	ndment	
Char	nge of Agent	
Rein	statement	
Conv	version	
☐ Merg	er	
☐ Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	r	
Authorized Authorized Signature:	Amount \$25.00	

COVER LETTER

Division of Co	rporations		
	ORIDA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Joshua Blachorsky		
		Name of Person	
	Akabas & Sproule		
		Firm/Company	
	488 Madison Ave 11th Flo	oor	
		Address	
	New York, NY, 10022		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	jblachorsky@akabas-sproul	le.com to be used for future annual report no	stification)
For further information	concerning this matter, please c		
Seth Akabas		212 308-8505 at () Area Code Dayti	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for	the 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)
Mailing Addre		Street Address:	action
Registration		Registration S	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

and assigned
and assigned
"LLC" or the abbreviation "L.L.C."
202 SEC
22 2
35
nter the name of the new registe
ddress
, Florida
Zip Code

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	Lori Fein	929 Alton Road, Suite 500	= Add
		Miami Beach, FL 33139	□Remove
			□Change
MGR	Lori Fein	1805 Ponce De Leon Dr. Ste #201	🗆 Add
		Coral Gables, FL 33134	Remove Remove Remove Remove Remove Remove
		j.	G 24 Add Remove
			□Change
			□ Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Remove
			∏ Changa

"Manager."				
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			<u> 설립</u> 전46	
			<u> </u>	- 3 5 - 3 5 - 5:
				
tive date, if other than the	e date of filing: ist be specific and cannot be prior to date of		onal)	
If the date inserted in this b	lock does not meet the applicable sta			
nent's effective date on the L	Department of State's records.			
ord specifies a delayed effecti- iled.	ve date, but not an effective time, at 1	2:01 a.m. on the earlier of: (I	o) The 90t	h day after
August 23	2021 ·			
On:	~~/			
OBlows	w _g			

Filing Fee: \$25.00