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Account#: I20000000088

Date: 09/	10/2021		
Name: Mar	cel Ogbonna-Amu		
Reference #:	1473360		
	WE	R FLORIDA LLC	
☐ Articles of✓ Amendment	•	ation to Transact Business	
Change of	Agent		ANY ISSUES, CALL MARCEL:
Reinstaten	nent		(518) 213 - 0826
Conversion	n		Thank you!
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Dissolution	n/Withdrawal		
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Authorized Amou	nt: \$55.00	·	
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Account#: 120000000088

Date:(09/10/2021		
	Marcel Ogbonna-Amu		
Reference #:	1473360		
	WE R	FLORIDA LLC	
☐ Articles	s of Incorporation/Authorization	on to Transact Business	
	e of Agent		ANY ISSUES, CALL MARCEL:
Reinsta	atement		(518) 213 - 0826
☐ Conve	rsion		Thank you!
☐ Mergei			
☐ Dissolu	ution/Withdrawal		
Fictitio	us Name		
✓ Other_	CERTIF	IED COPY OF THE FILING	
Authorized Ar	nount: \$55.00		
Signature:	stanced og homes h	ton.	

F: 800.944.6607

F: +852.2682.9790

COVER LETTER

	on Section f Corporations		
	R FLORIDA LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articl	les of Amendment and fec(s) are su	abmitted for filing.	
Please return all cor	rrespondence concerning this matte	er to the following:	
	Joshua Blachorsky		
		Name of Person	
	Akabas & Sproule		
	<u></u>	Firm/Company	
	488 Madison Avenue 11	th Ploor	
		Address	······································
	New York, NY, 10022	•	
		City/State and Zip Code	
	jblachorsky@akabas-spro		<u></u>
For further informat	tion concerning this matter, please	: (to be used for future annual report no call;	discasion)
Seth Akabas		212 308-8505	
N	ame of Person	Area Code Dayti	me Telephone Number
Enclosed is a check	for the following amount:		
≘ \$25,00 Filing F	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)
Division P.O. Box	tion Section of Corporations	Street Address: Registration S Division of Co The Centre of 2415 N. Monr	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE R FLORIDA LLC

(Name of the Limited Liability Com (A Florida Limited	nany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L20000156664</u>	y were filed on 6/12/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	202 SEE
• •	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Malling address MAY BE A POST OFFICE BOX)	
	e address on our records, enter the name of the new registere
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Clty Zip Code
New Registered Agent's Signature, if changing Registered Ager	<u>t:</u>
I hereby accept the appointment as registered agent and agent provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered officeompany has been notified in writing of this change.	s provided for in Chapter 605, F.S. Or, if this document is

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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Max Brizer	1805 Ponce De Leon Dr. Suite #210	□ Add
		Coral Gables, FL 33134	=Reinove
			Change
			□ Remove
	-		SECRETAL SECTION SECURITY SECU
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			Remove OD Change
			🗆 Add
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ote: If the date inserted in this block does not meet the a	oplicable statutory filing i	e than 90 days after his requirements, this da	ng.) Pursuar ate will not	it to 605,020 be listed a
cument's effective date on the Department of State's rec	ords.			
		the earlier of: (b)	The 90th d	lay after the
coord specifies a delayed effective date, but not an effect	ve time, at 12:01 a.m. on	2.0 04(0)	1110 / 041 0	wy w1.00 w.o
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ited	authorized representative of			

Filing Fee: \$25.00