120000209075

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FILED 2020 NOV 19 PHI2: 17

12/23/20

COVER LETTER

TO: Registration S Division of Co			. • -
SUBJECT: Word	nck Domanus Dex Name of Lin	Idontont Group, LI	· * -C
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oundence concerning this matter	to the following:	
	lohn I	Name of Person	
	Werche	Donards Development Group, LLC Name of Limited Liability Company Idment and fee(s) are submitted for filing. See concerning this matter to the following: John Donards Name of Person Number of Person Number of Person Number of Person Name of Person	
	849 74	Ave. S. Suite 20	D
	Naples	FL 34102 City/State and Zip Code	
	E-mail ddress:	Wddalle. Com	fication)
For further information	concerning this matter, please of	eall:	
John 1 Name	of Person		
Enclosed is a check for	the following amount:		
▼ \$25.00 Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
Mailing Addro Registration			ction
D' ''-'		D	

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

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

Werchek Domanus Develop	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $\frac{7}{17}$ /20 and assigned
Florida document number <u>L20000209075</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	ility 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)	
	2020
	2020 NOV
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	Sig 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>	<u>Name</u>	Address	Type of Action
AMBR	Dariusz Szymanski	2622 Yamouth Dr.	⊠ Add
		2622 Yamouth Dr. Wellington, FL 33414	□Remove
			□Change
	 		
			□Remove
			Chade FIL
			12:
			[4]Change
<u></u>			□Add
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			□Remove
			Change

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ective date is listed, the date must be specific	ing: 13 Lovember 2D2D (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursually the meet the applicable statutory filing requirements, this date will not of State's records.	
d specifies a delayed effective date, but led.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th of	lay after
13 November	20	
(,)	ha & Dannie	
Signature o	a member of authorized representative of a member	
, (1		

Filing Fee: \$25.00