



Office Use Only



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COVER LETTER

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TO: Registration Se Division of Cor					
WALF 13 LLC					
SUBJECT:					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	JOSE F. ARRIAGADA				
		Name of Person			
	WALF 13				
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		
	6021 STIRLING RD				
		Address			
	DAVIE FL 33314				
	· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code			
	FUN.INDUSTRY13@GMA				
		to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	alt:			
JOSE F ARRIAGADA		347 707-9699 at ()			
Name o	l' Person		e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction		
Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of T			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MINA 513 LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our recor- Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Company	were filed on 01/08/2021	and assigned
Florida document number L21000022221		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
WALF 13 Limited Liability Company		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	6021 STIRLING RD	
Principal office address MUST BE A STREET ADDRESS)	DAVIE FLORIDA 33314	2024
		27
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		္ ပ္ပ
		27
	- 11	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, <u>enter</u>	r the name of the new registe
service and regimened office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	SS .
	F	lorida
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
 -			□Add
		/ 	□Remove
			□ Add
			□Remove
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			□Remove
			□Change
	/		□Add
/			□Remove
,			□Change

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E. Effective date, if other than the of (If an effective date is listed, the date must Note: If the date inserted in this blo document's effective date on the De	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b ck does not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed.
Dated MARCH. 11	. 2024
	ignature of a member or authorized representative of a member
JOSE FRANCISCO ARI	RIAGADA DURAN
	Typed or printed name of signee

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Jose F. Arriagada Walf 13 Llc (Mina 513 llc) 6021 Stirling Rd Davie, FL 33314 Fun.industry13@gmail.com 347-707-9699 03/13/2024

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATION

Subject: Daytime, Telephone and address for Walf 13 Llc (Mina 513 llc)

Dear FDSDC,

Daytime between 9 am and 10:30 am Telephone number (347) 707-9699 Return address 6021 Stirling Rd. Davie, FL 33314 Fun.industry13@gmail.com

Thank you, Jose Arriagada