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## **COVER LETTER**

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Registration Section

Division of Corporations WENEWALLC SUBJECT: Name of Limited Liability Company - ea Articles of Aniendment and fee(s) are submitted for filing. the iscording all correspondence concerning this matter to the following: Jennifer Smith Name of Person WENEW LLC Firm/Company 18819 Nw 72nd Ave. Address Alachua, Fl 32615 City/State and Zip Code benifer@aol.com E-mail address: (to be used for future annual report notification) that turther information concerning this matter, please call: cranic Smith Daytime Telephone Number Name of Person Unclosed is a check for the following amount: ☐ \$30,00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: **Mailing Address:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Lallahassee, FL 32314 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) toe Articles of Organization for this Limited Liability Company were filed on 2/22/2021 and assigned Fixed , document number  $\frac{1.24000088601}{1}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: and a must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" Unter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Unter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City New Registered Agent's Signature, if changing Registered Agent: receive is copt 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 familians with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents peng tiled to merely reflect a change in the registered office address. I hereby confirm that the limited Hability 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 on removed from our records:

MGR : Manager AMBR = Authorized Member

<u>l'itle</u>	Name	Address	Type of Action
MORN	Possible, Inc.	129 Llewellyn St.	<b>=</b> Add
		Los Angeles, CA 90012	_
			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change

1). If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 1. Effective date, if other than the date of filing: (optional)
6. in elective date is fisted, 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) \_ (optional) 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. (P) 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 conditional of the field. Signature of a member or authorized representative of a member Jennster L. Smith Typed or printed name of signee

Filing Fee: \$25.00