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To:	Division of Corporations	1 F.3
	fax Number : (850)617-6383	A1 8
	1 (1150)017-0583	
From:		圣色 華
	Account Name : SORSHER & ASSOCIATES, LLC.	2021 MAR 18 SECRETAR TALLAHASS
	Account Number : I20170000056	
	Phone : (954)842-2931	
	Fax Number : (954)842-2936	<u>≒</u> = =
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COVER LETTER

TO:	Registration Division of C	Section orporations		
SUBJEC	WENUX	, LLC		
	·· <u> </u>	Name of (imited Linbility Company	
The enclo	sed Articles o	of Amendment and fec(s) are su	sharing a ser	
		pondence concerning this matte		
		DANIL, RUDAKOV		
			Name of Person	
		WENUX, LLC		
			Firm/Company	
		2001 ATLANTIC SHOR	ES BLVD APT 116	
			Address	
		HALLANDALE, FL 330	09	
		duzem 16) mai i m	City/State and Zip Code	
		dazeru4@gmail.com	(to be used for future annual report of	and Coast at
For further	information (concerning this matter, please of		оодисаоон)
	UDAKOV		23.7 600 7065	
	Name o	f Person	at ()	time Telephone Number
Enclosed is	a cheek for th	re following amount:		
\$25.00	Filing Fee	S30.00 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 enclased)
Re Di P.e	niling Addressistration Servision of COO. Box 632	Section Orporations 7	Street Address: Registration 5 Division of C The Centre of 2415 N. Mon Tallahassee, I	Section orporations FTallahassee roe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



WENUX, LLC		- 1 LORID
(Name of the Limited Limbi (A Florid	lity Company as it now appears on our da Lumied Liability Company)	records,)
The Articles of Organization for this Limited Liability	Company were filed on 03/08/2021	and assigned
Florida document number <u>L21000097981</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Linbility Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·····	
(Principal office address MUST BE A STREET ADD	RESS)	
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street u	ddruss
		, Florida
No. D. Co., Land St., Co., Co., Co., Co., Co., Co., Co., Co	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 heing 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>	Name	Address	Type of Action
AMBR	ADAMONIS, GINTARAS	2001 ATLANTIC SHORES BLVD APT 116	≣ Add
		HALLANDALE, FI. 33009	
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-			
			□Remove
			- FEG.
	-		AH DANGE
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ective date, if other than the date effective date is listed, the date must be if the date inserted in this block ument's effective date on the Department's effective date on the Department.	e specific and cannot be prior to does not meet the applica	o date of tiling or more th	(optional) an 90 days after filing uirements, this date) Pursuant to 605,0207 (3)
cord specifies a delayed effective c sittled.	late, but not an effective tin	ne, at 12:01 a.m. on th	e earlier of: (b) = 13	ie 90th day after the
ed	20)21	<u> </u>		
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