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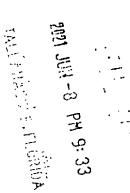
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO:

TO: Registration Se Division of Cor			
SUBJECT:	The W	leetoo Group Lic	
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Sade Chin	
		Name of Person	
	Ti	Firm/Company	<u>. </u>
	12509 <u>Nw</u>	Address Address	
		City/State and Zip Code	
For further information c	E-mail address: (to be used for four annual report no	otification)
Jale	e chia	at (561) 402	-9256
Name o	f Person	at (<u>561</u>) <u>402</u> Area Code Dayti	me 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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		Street Address: Registration S	ection
Division of C	orporations	Division of Co	orporations
P.O. Box 632 Tallahassee, I		The Centre of 2415 N. Mont	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now apocars o	on our records.)
The Articles of Organization for this Limited Liability Company	were filed on <u></u>	and assigned عدم العمر العرب
Florida document number 421000210566		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here	:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the desi	
Enter new principal offices address, if applicable:		2021
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		F. 1
Enter new mailing address, if applicable:		PX
(Mailing address MAY BE A POST OFFICE BOX)		ω ·
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		ords, enter the name of the new registered
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agrophics of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of m provided for in Ch	y duties, and I am familiar with and apter 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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an ellectiv ote: If t	date, if other the ve date is listed, the the date inserted in 's effective date of	date must be spec n this block doe	ritic and ca is not mee	nnot be prior t the applic	to date of til able statute	ing or more t	han 90 days a	fter filling.) Pu	irsuant to 60 I not be lis
record sp l is filed.	pecifies a delayed	effective date, l	but not an	effective ti	me, at 12:0	l a.m. on t	ne earlier of	(b) The 9	0th day aft
ated	June,	4th	· -	2021					
			16						
		Signatu	re/bt a mer	nber or autho	orized repres	entative of a	member		
			U						

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Filing Fee: \$25.00