## K21000211576

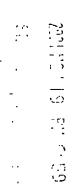
(Re	questor's Name)	
(Ad	dress)	<u>_</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	 Filing Officer:	





600376922946

11/19/21 -01013--011 #\*25.00



O. BRUCE DEC 06 MM

## **COVER LETTER**

	Registration Se Division of Cor			
CHB IP/	Samoa LLC			
SUBJEC	· [ :		ited Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub	emitted for filing.	
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  Marcos Bengolea  Name of Person  We Care Property Management LLC  Firm/Company  16792 E Calder Dr  Address  Loxahatchee FL 33470  City/State and Zip Code marcos.bengolea@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Marcos Bengolea  S61 7221091  Area Code  Daytine Telephone Number				
		Marcos Bengolea		
			Name of Person	
		We Care Property Manage	ment LLC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		16792 E Calder Dr		
		Marcos Bengolea  Name of Person  We Care Property Management LLC:  Firm/Company  16792 E Calder Dr  Address  Loxahatchee FL 33470  City/State and Zip Code marcos.bengolea@gmail.com  E-mail address: (to be used for future annual report notification)  ion concerning this matter, please call:  361 7221091  at (		
We Care Property Management LLC  Firm/Company  16792 E Calder Dr  Address  Loxahatchee FL 33470  City/State and Zip Code marcos.bengolea@gmail.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:				
			City/State and Zip Code	
				· · · · · · · · · · · · · · · · · · ·
				ation)
For furthe	er information co	oncerning this matter, please ca	all:	, (2) ,1 (3)
Marcos I	Bengolea			 
	Name of			Telephone Number : 120
Enclosed	is a check for th	ne following amount:		) ,
<b>■</b> \$25.0	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
	Mailing Addres Registration S		Street Address: Registration Secti	ion

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

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Samoa LLC			
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
The Articles of Organization for this Limited Liability Company were filed on $\frac{05/06/2021}{\text{Linited Looping document number}}$	;	and assig	gned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability company here:			
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the	abbrevia	ation "L.L	.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter 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, <u>enter the nate</u> agent and/or the new registered office address here:	me of t	the new	registe
Name of New Registered Agent:	1_	; · · · · · · · · · · · · · · · · · · ·	
		- 14	-]
New Registered Office Address:  Enter Florida street address		<del>-</del>	
		<u> </u>	. }
		in Casta	• • • • • • • • • • • • • • • • • • • •
, Florida,	Zi	7.000 33	كمسد

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>	Name	Address	Type of Action
MGR	Marcos Bengolea	16792 E Calder Dr. Loxahatchee, FL 33470	■Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□Remove
			□Change
			☐Add
			□Remove :
			☐Change j
<del></del>			<u>- 84 -</u> ⊞Raa
			□Remove
			□Change
			□Add
			□Remove

			0 23	
			0 23	
			0 63	
			0 23	<del></del>
			0 23	
			0 23	  
			0 23	
			0 63	
			0 63	
			0 63	<del></del>
			0 03	<del></del>
			0 63	
			<u>^ ^3</u>	_
			o 63	
			o 63	
			<u>^ ^3</u>	
			<u> </u>	_
		ï	<del></del>	
	•			
		· ·	<del></del>	`
		·	<u> </u>	_
			ž	;
fective date, if other than the date of filing:	(optio	nal)	,, (T)	 اد
an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 doote: If the date inserted in this block does not meet the applicable statutory filing requirement ocument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie is filed.	r of: (b)	The 9	Oth day at	ier the
NOVEMBER II 2021				
Milia				

Typed or printed name of signce