

L21000263999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

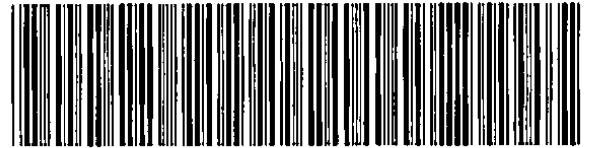
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2021 AUG 26 PM 2:14

SECRETARY OF STATE
TALLAHASSEE, FL

Amend.

SEP 09 2021

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Well Lex LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Vivian Williams

Name of Person

Florida Annual Report Services, Inc.

Firm/Company

2300 Coral Way, Suite 200

Address

Miami, FL 33145

City/State and Zip Code

vivian@canteratax.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FL

2021 AUG 26 PM 2:14

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For further information concerning this matter, please call:

Vivian Williams

305

856-0056

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

Street Address:

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

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2021 AUG 26 PM 2:14
SECRETARY OF STATE
TALLAHASSEE, FL
and assigned

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "limited liability company," the designation "LLC" or the abbreviation "L.L.C."

WELLINGTON, FL 33414

WELLINGTON, FL 33414

_____, **Florida** _____
City *Zip Code*

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-----------------|----------------------------|--|
| MGR | CARLOS QUINONES | 2735 POLO ISLAND DR., K102 | <input type="checkbox"/> Add |
| | | WELLINGTON, FLORIDA 33414 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | ERNESTO VELARDE | 3100 HICKSTEAD PL | <input checked="" type="checkbox"/> Add |
| | | WELLINGTON, FLORIDA 33414 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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[illegible]

(If an effective date is listed, 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)

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 record is filed.

X

Typed or printed name of signer

Filing Fee: \$25.00