L21000263999

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2021 AUG 26 PH 2: 14 SEGRETARY DE SENTE

Sumo

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· Registration Section **Division of Corporations** Well Lex LLC **SUBJECT:** 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) For further information concerning this matter, please call: Vivian Williams 856-0056 Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$25.00 Filing Fee **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELL LEXILLC

(A Florida 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 JUNE 7, 2021 and assigned		
Florida document number 1.21000263999			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3100 HICKSTEAD PL		
(Principal office address MUST BE A STREET ADDRESS)	WELLINGTON, FL 33414		
Enter new mailing address, if applicable:	3100 HICKSTEAD PL		
(Mailing address MAY BE A POST OFFICE BOX)	WELLINGTON, FL 33414		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered		
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florida street address		
	Florida		
	City Zip Cock		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 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

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CARLOS QUINONES	2735 POLO ISLAND DR., K102	
		WELLINGTON, FLORIDA 33414	■Remove
			□Change
MGR	ERNESTO VELARDE	3100 HICKSTEAD PL	≣ ∧dd
		WELLINGTON, FLORIDA 33414	□Remove
			□Change
			🗆 Add
		·	□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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	 		🖸 Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an offec <u>Note:</u> II	e date, if other than the date of filing:
f the record ecord is file	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 d.
Dated _	x = 2021.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Filing Fee: \$25.00