

h21 000 337251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

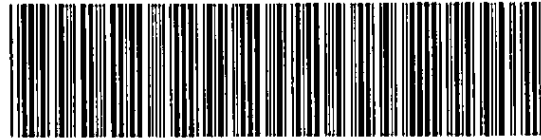
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2021 DEC 20 AM 10:28
SECRETARY OF STATE
PA1

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WHEN 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:

EMMANUEL ALVAREZ
Name of Person

WHEN LLC
Firm/Company

1372 NE 163rd STREET
Address

NORTH MIAMI BEACH, FL. 33162
City/State and Zip Code

PEOPLE4ALVAREZ@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EMMANUEL ALVAREZ at (305) 458-8833
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

WHEN LLC

2021 DEC 20 AM 10:28

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

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 07-26-21 and assigned
Florida document number L21000337251

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1801 NE 123rd Street #314
NORTH MIAMI, FL 33181

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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SAME

New Registered Office Address:

1801 NE 123rd Street #314

Enter Florida street address

NORTH MIAMI, Florida FL 33181

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 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.

[Signature]
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>
		17720 NW 20 AVE	<input type="checkbox"/> Add
		MIAMI GARDENS	<input checked="" type="checkbox"/> Remove
		FL, 33056	<input type="checkbox"/> Change
		1801 NE 123 rd ST #314	<input checked="" type="checkbox"/> Add
		NORTH MIAMI, FL	<input type="checkbox"/> Remove
		33181	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

Principal
Address

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

WE ARE REMOVING THE PRINCIPAL ~~ADDRESS~~
ADDRESS TO:
1801 NE 123rd STREET
SUITE 314
NORTH MIAMI, FL 33181

E. Effective date, if other than the date of filing: DEC 3rd 2021 (optional)

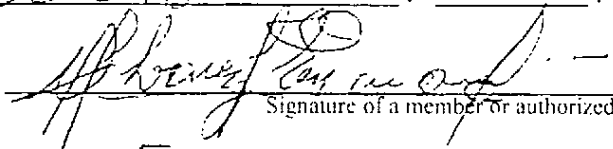
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

DECEMBER 3 2021



Signature of a member or authorized representative of a member

EMMANUEL ALVAREZ

Typed or printed name of signee