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COVER LETTER

TO: Registration Se Division of Cor			
		BES, LLC	
SUBJECT:	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:	
		MANUEL RIVERO	
		Name of Person	
	ML R	IVERO & ASSOCIATES, LLO	2
		Firm/Company	
	1313 PC	NCE DE LEON BLVD, STE.	201
		Address	<u> </u>
	C	CORAL GABLES, FL 33134	
		City/State and Zip Code	
		RIVERO@MLRIVERO.COM to be used for future annual report	
For further information c	oncerning this matter, please c	,	non-tenion,
MANUEL	. RIVERO	305 443-85	500
Name o	f Person	Area Code Da	ytime 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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

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		210	
	WIBES, LLC		
(Name of the Limited Liabi (A Flori	ility Company as it now	appears on our records.)	
(A Flori	da Limited Liability Con	apany)	
The Articles of Organization for this Limited Liability	Company were filed	on 09/17/21	and assigned
Florida document number L21000413184	. ,		
ionda document natioer	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability comp	anv here:	
			
The new name must be distinguishable and contain the words "Li	mited Liability Company	"the designation "LLC" or t	be abbreviation "L. I. C."
the new hante may be distinguishable and comain the words.	minea Eliability Company	, the designation EBC of	ne doorevitation Edite.
Enter new principal offices address, if applicable:		·····	
Principal office address MUST BE A STREET ADD	ORESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
Turning address Mill BBM 1 007 W1110B B0.17			
			<u></u>
B. If amending the registered agent and/or register	ed office address on	our records, enter the	name of the new regis
ngent and/or the new registered office address here		<u> </u>	
Name of New Registered Agent:			
New Registered Office Address:	F.	ter Florida street address	
	137	ner i fortaa sireet uuuress	
		, Florid	a
	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.

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 = M $AMBR = A$	lanager .uthorized Member	2. When the state of the state	
<u>Title</u>	<u>Name</u>	Address 21 007 -1 PH 3: 17	Type of Action
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			□Change
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EFECT	IVE DAY 09/24/2021		additional sheets, if necessary.) 21 OCT - 1 PH 3: 17	
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ctive dat	te, if other than the date of filin	ng:09/24/2	(optional)	n f and
<u>e:</u> If the c	ate is listed, the date must be specific an late inserted in this block does not ffective date on the Department of	meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 6 pry filing requirements, this date will not be li	05,020 sted a
cord speci filed.	fies a delayed effective date, but no	t an effective time, at 12:0)] a.m. on the earlier of: (b) The 90th day at	ler th
ed	SEPTEMBER 24	2021		
	1/	1/0		

Typed or printed name of signee