

L210004957795

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

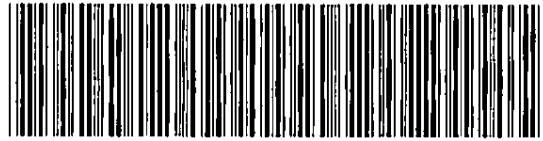
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SECRETARY OF STATE  
TALLAHASSEE, FL

*[Handwritten signature]*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: WE CARE CONSTRUCTION, 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:

BETTY SEPULVEDA

Name of Person

WE CARE CONSTRUCTION, LLC

Firm/Company

393 NW STRATFORD LN

Address

PORT SAINT LUCIE, FL 34983

City/State and Zip Code

cobuilders15@gmail.com

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

For further information concerning this matter, please call:

BETTY SEPULVEDA

772

2408706

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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2024 NOV -6 PM 2:26  
SECRETARY OF STATE  
TALLAHASSEE, FL

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

WE CARE CONSTRUCTION, 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 11/12/2021 and assigned  
Florida document number L21000487795.

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)**

393 NW STRATFORD LN

PORT SAINT LUCIE, FL 34983

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

393 NW STRATFORD LN

PORT SAINT LUCIE, FL 34983

**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: BETTY SEPULVEDA

New Registered Office Address: 393 NW STRATFORD LN

*Enter Florida street address*

PORT SAINT LUCIE, Florida 34983

*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 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>
AMBR	IKON FINANCIAL INC	1702 SW LEXINGTON DR	<input type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BENDOIM, INC	19439 HAMPTON DR	<input type="checkbox"/> Add
		BOCA RATON, FL 33434	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DELEK ESTATES INC	4527 WEST 142ND STREET	<input type="checkbox"/> Add
		HAWTHORNE, CA 90250	<input checked="" type="checkbox"/> Remove
			<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"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2024 MAY -6 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FL

SECRETARY OF STATE  
TALLAHASSEE, FLA.

2024 NOV -6 PM 2: 25  
SECRETARY OF STATE  
TALLAHASSEE, FL

(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.

Betty Gendron  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**