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T. MATTHEWS MAR -7 2022

## **COVER LETTER**

TO: Registration Se Division of Corp			
SUBJECT: WF VARIE	ETY LLC		
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub ndence concerning this matter	<del>-</del>	
	Fredna Endrot	Name of Person	
	WF Variety LLC		
		Firm/Company	
	22605 SW 66th ave, apt 30		
		Address	
	Boca Raton, Fl 33428	City/State and Zip Code	
	endrotfredna@gmail.com E-mail address: (	to be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Walter St Hilaire Name of	f Person	at (561 ) 2890383 Area Code Daytime	e Telephone Number
Enclosed is a check for th	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 S		Street Address: Registration Sec	ction

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

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

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WF VARIETY LLC (Name of the Limited L) (A F	iability Company as it now appears on our forida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabil	lity Company were filed on 11/18/202	1 and assigned
lorida document number L21000495776	<del></del> ·	
his amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
he new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO.	<u> </u>	<u>, , , , , , , , , , , , , , , , , , , </u>
B. If amending the registered agent and/or regis		, enter the name of the new regis
igent and of the new registered office address n	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida stree	et address
_		, Florida
	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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Walter St Hilaire	22605 SW 66th Ave, apt 300 B	———— ≅Add
		Boca Raton, Fl 33428	Remove
			□Change
AMBR Fredna Endrot	Fredna Endrot	22605 SW 66th Ave, apt 300 B	□ Add
		Boca Raton, Fl 33428	□Remove
			■Change
			□Add
			Remove
			Change
			□Remove
			☐ Change
			□ Add
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	<u> </u>		□Add
			☐ Remove
			☐ Change

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Note:	ive date, if other than the date of filing:
recor	d 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 led.
)ated	February 22, , <u>2022</u> .
	Signature of a member or authorized representative of a member