

L21 000 507 694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

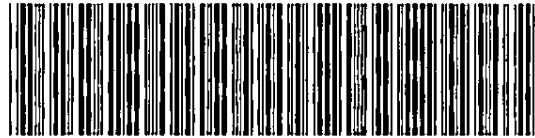
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/03/22--01025--003 **25.00

22 OCT -3 AM 4:55

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WAS INVEST, 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:

Timo A. Becker

Name of Person

Timo A. Becker, P.A.

Firm/Company

1395 Brickell Avenue, Suite 800

Address

Miami, FL 33131

City/State and Zip Code

info@beckerinternationallaw.com

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

For further information concerning this matter, please call:

Timo A. Becker

303 9566938

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

22 OCT -3 AM 4:55

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

WAS INVEST, 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 11/30/2021 and assigned
Florida document number 1.21000507694

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)

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:

New Registered Office Address:

Enter Florida street 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 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>
S	ANSGAR THUNE	444 BRICKELL AVE	<input checked="" type="checkbox"/> Add
		SUITE 700	<input type="checkbox"/> Remove
		MIAMI, FL 33131	<input type="checkbox"/> Change
MBR	STEPHAN WAASMEIER TRUST	SPERBERWEG 11B	<input type="checkbox"/> Add
		STRAUBING, GE 94315 GE	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	ANGELA WAASMEIER TRUST	SPERBERWEG 11B	<input type="checkbox"/> Add
		STRAUBING, GE 94315, GE	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

22 OCT -3 AM 4:55

FILED IN 2000-01-01

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

NEW EIN 32-0672367

22 OCT -3 AM 4:55

U.S. DEPT. OF STATE

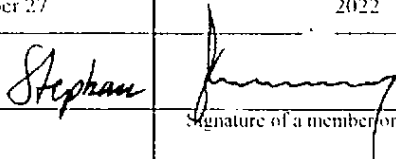
E. Effective date, if other than the date of filing: _____ (optional)

(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 September 27, 2022



Signature of a member or authorized representative of a member

STEPHAN WAASMEIER

Typed or printed name of signer

Filing Fee: \$25.00