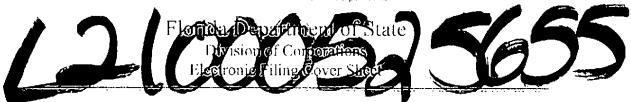
9/7/23, 2:42 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000314311 3)))



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To:

Division of Componations

Fax Number : (850)617-6383

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4594 Fax Number : (305)328-4774

9)													
t (S ter	the	email	address	for	this	busin	ess	entity	to	be	usec	for	future
:≓Sen	nual	repor	address t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WASSER-K LLC

Certificate of Status	0
Certified Copy	0
l'age Count	04
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WASSER-K LLC	
(Name of the Limited Liability Company as it now appears on ou (A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Company were filed on 12/14/202 Florida document number L21000525655	
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	on "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)	·
	; -
	7623
B. If amending the registered agent and/or registered office address on our records agent and/or the new registered office address here:	enter the name of the new registered
	1
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street	e address
	. ω
	171 a 42 d a

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 forther 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.

Zip Code

To . Page: 4 of 5 2023-09-07 18 44 47 GMT 13053284774 From: Yanet Avila

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>	Type of Action
AMBR	Jaime Andres Gomez Usma	14733 SW 90 TER	□Add
		MIAMI, FL 33196	□Remove
			□ Change
MGR	Adalgiza Cabal Gonzalez	14733 SW 90 TER	DAdd
		MIAMI, FL 33196	□Remove
			■ Change
	,		□Add
			□ Rennove
			∐Change
			DAdd
			ПRеточе
			ПChange
			□Add
			CRemove
			Change
			🗆 🗆 Add
			□Remove
			□ Change

From, Yanet Avila

ADALGIZA CABAL G	ONZALEZ: 80% OWNERSHIP
JAIME ANDRES GOM	EZ USMA: 20% OWNERSHIP
44.84.44.44.44.44.44.4.4	
(If an effective date is assed, the date Note: If the date inserted in the	the date of filing:
he record specifies a delayed eff ord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
Dated	2023
	Signature of a member of authorized remeasurable of a member
Adalgiza Cabal Goi	nzalez.
	Typed or printed name of signee