LZZ 000049594

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SECRETARY OF STATE
TALL AHASSEE, FL

COVER LETTER

TO:	Registration Se Division of Cor			. "		
	WELE DO	NE MITIGATION ORLANDO) LLC			
SUBJE	.C1:	Name of Lim	ited Liability Company			
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
	Name of Person					
		WELL DONE MITIGATI	ON ORLANDO LLC			
		Firm/Company				
		1728 NE MIAMI GARDENS DR #309				
		Address				
		NORTH MIAMI BEACH.FL 33179 City/State and Zip Code glen@welldonemitigation.com E-mail address: (to be used for future annual report notification)				
For fur	ther information co	oncerning this matter, please c	all:			
FRAN	CESCO FIORETT	1	786 857-8758			
•	Name of	f Person	Area Code Dayti	me Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

* FILED 2022 HAR 28 PM 1: 49

WELL DONE MITIGATION ORLANDO LLC (Name of the Limited Liability Company as it now appears on our record (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{01/27/2022}{1}$ Florida document number 1.22000049594 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 "L.I.C." or the abbreviation "L.I.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

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.

Cin

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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
AMBR	FRANCESCO FIORETTI		🗆 Add
		8195 NW 104TH AVE APT 33 DORAL,FL 33178	=Remove
			□ Change
			□Add
		-	□Remove
			🗆 Change
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Effect	ive date, if other than the date of filing: (optional)
	ective 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
docum	ent's effective date on the Department of State's records.
	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
rd is fi	red.
	March 72 3027
Dated	$r_1 a_1 c_1 c_3 \ldots c_n c_n$
	Significan Vine Alla
	March 23 . 2022 Figure 15 to Figure 11 of Signature of a member or authorized representative of a member

Filing Fee: \$25.00