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2022 APR 12 AM 9: 55

of Slisland

COVER LETTER

SUBJECT:	Wieler Ștal	al Enterprises, LLC			
SUBJECT.		Name of Lim	ited Liability Company .		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Paul J. Burkhart, Esq.			
			Name of Person		
		Law Offices of Paul J. Bur	rkhart, PL		
			Firm/Company		
		800 Village Square Crossi	ពថិ		
			Address		
		Palm Beach Gardens, FL 3	33410		
			City/State and Zip Code		
		paul@paulburkhart.net			
			to be used for future annual rep	ori nouncation)	
For further in	iformation c	oncerning this matter, please co	all:		
Linette Alva	irado		561 880-0	155	
-	Name o	f Person	at () Area Code	Daytime Telephone Number	
Enclosed is a	check for th	te following amount:			
■ \$25.00 F	Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified (of Status &

Registration Section

Division of Corporations

TO:

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 ARTICLES OF ORGANIZATION **OF**



WIELER STAHL ENTERPRISES, LLC

2022 APR 12 AM 9:55

(Name of the Limited Liabil (A Floric	da Limited Liability Company)	. STATE SSYFLEL
The Articles of Organization for this Limited Liability (
Florida document number L22000133075	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Weiler Stahl Enterprises, LLC		
The new name must be distinguishable and contain the words "Lii	mited 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 ADD	(RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		me of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
,	Enter Florida street address	
	, Florida	
	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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, <u>enter the title, name, and address of each person_being add or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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Note:	ve date, if other than the date of filing:	0207 :d as
ne recor ord is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Datad	April 5th 2022	
Daica .		

Typed or printed name of signee