422000179732

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A. BUTLER SEP 19 2022

COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Divi	ision of Cor	porations		
	WESHOPP			
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	ondence concerning this matter	to the following:	
		ADRIANO ITO		
			Name of Person	
		WESHOPPER LLC		
			Firm√Company	
		7524 CURRENCY DR		
		<u>.</u> .	Address	
		ORLANDO, FL. 32809		
			City/State and Zip Code	
		ADRIANO.ITO@MACRO		
			to be used for future annual report no	otification)
For further in	iformation c	oncerning this matter, please ca	all:	
ADRIANO I	то		407 5748076	
	Name o	f Person	at () Area Code Days	ime Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	S30.00 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)
	iling Addres		Street Address: Registration S	Section
•	•	Corporations	Division of C	
). Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2022 JUN 27 AH 7: 22

WESHOPPER LLC		Paron -	_
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records.) Villability Company)	OF STATE SEE, FI
The Articles of Organization for this Limited L Florida document number <u>L22000179732</u>	Liability Company	were filed on <u>04/14/2022</u>	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "ELC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if appli	nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		ORLANDO, FL. 32801	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		462 N TERRY AVE #610	
		ORLANDO, FL., 32801	
			··-
B. If amending the registered agent and/or agent and/or the new registered office addrosses. Name of New Registered Agent:			name of the new regis
New Registered Office Address:	462 N TERRY	AVE #610	

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.

City

ORLANDO

If Changing Registered Agent Signature of New Registered Agent

Enter Florida street address

. **Florida** _³²⁸⁰¹

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	RICHARD HARARY	7524 CURRENCY DR	
		ORLANDO, FL, 32809	■Remove
			□Change
MGR	MAITE PEDROSO	462 N TERRY AVE #610	■Add
		ORLANDO, FL, 32801	□Remove
			□ Change
			□Add
			Remove
			Change
	<u></u>		□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<u> </u>		□Add
			Remove
			□Change

•		
•		
Note:	date, if other than the date of filing:	207 (3 as th
ord is f		ne
Datec	NE 22nd . 2022	
	Signature of a member or authorized representative of a member	