## L22000281341

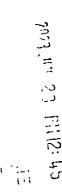
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## **COVER LETTER**

TO:

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SUBJE	C1:		ited Liability Company	
The one	loced Articles of	Amendment and fee(s) are sub	amitted for filing	
		MIRANDA BALBAS, PE	DRO J	
			Name of Person	-
		WEKIPER LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	ing.  of Person  Company  dress  and Zip Code  future annual report notification)  86
		WEKIPER LLC  Name of Limited Liability Company  sed Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  MIRANDA BALBAS, PEDRO J  Name of Person  WEKIPER LLC  Firm/Company  11055 SW 186TH ST SUITE 305  Address  MIAMI FLORIDA 33157  City/State and Zip Code  INFO@YMLSERVICE.COM  E-mail address: (to be used for future annual report notification)  r information concerning this matter, please call:  LORENZO  786 Area Code  Daytime Telephone Number  is a check for the following amount:  0 Filing Fee S30.00 Filing Fee & Certified Copy (additional copy is raclased)  Certificate of Status & Certified Copy (additional copy is enclosed)  Mailing Address:  Registration Section  Division of Corporations  10 Box 6327  The Centre of Tallishassee		
			Address	-
	Division of Corporations  WEKIPER LLC  Name of Limited Liability Company  Nelosed Articles of Amendment and fee(s) are submitted for filing.  return all correspondence concerning this matter to the following:  MIRANDA BALBAS, PEDRO J  Name of Person  WEKIPER LLC  Firm/Company  11055 SW 186TH ST SUITE 305  Address  MIAMI FLORIDA 33157  City/State and Zip Code  INFO@YMLSERVICE.COM  E-mail address: (to be used for future annual report notification)  arther information concerning this matter, please call:  IEL LORENZO  Name of Person  Area Code  Status  Certificate of Status  Certificate of Status  Certificate of Status  Mailing Fee  Certificate of Status  Negistration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallalhabasee			
		PER LLC  Name of Limited Liability Company  s of Amendment and fee(s) are submitted for filing. espondence concerning this matter to the following:  MIRANDA BALBAS, PEDRO J  Name of Person  WEKIPER LLC  Firm/Company  11055 SW 186TH ST SUITE 305  Address  MIAMI FLORIDA 33157  City/State and Zip Code  INFO@YMLSERVICE.COM  E-mail address: (to be used for future annual report notification)  ion concerning this matter, please call:  O  at (Area Code Daytime Telephone Number)  for the following amount:  ce S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  ddress:  ion Section of Corporations  6327  Street Address:  The Centre of Tallahassee		
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YAME	L LORENZO		at ( )	<u>`</u>
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Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEKIPER LLC			
(Name of the Lim	ted Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L22000281341	Liability Company	were filed on 06/21/2022	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
The new name must be distinguishable and contain the	and of instead fine	The Commune "the designation "LLC" or the	abbrariation "L. I. C."
Enter new principal offices address, if appli		YML ACCOUNTING SERVICES IN	
Principal office address MUST BE A STRE		11055 SW 186th ST SUITE 305	بے
Trincipal office duaress MOST BE A STREET ADDRESS;		MIAMI FL 33157	· 5 ·
Enter new mailing address, if applicable:		11055 SW 186TH ST SUITE 305	F 23
(Mailing address MAY BE A POST OFFICE BOX)		MIAMI FL 33157	P.: 12:
	<u> </u>	<del></del>	12:
			( 'z. Ü
B. If amending the registered agent and/or agent and/or the new registered office addre	*	address on our records, enter the na	me of the new regis
Name of New Registered Agent:	YML ACCOU	NTING SERVICES INC	
New Registered Office Address:	11055 SW 186	TH ST SUITE 305	
		Enter Florida street address	
	MIAMI	, Florida <sup>3</sup>	3157
		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>	Address	Type of Action
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Tective date, if other than the neffective date is listed, the date mate: If the date inserted in this cument's effective date on the	ust be specific and c block does not me	annot be prior to d et the applicable			.) Pursuant to 605.020
ecord specifies a delayed effect s filed.	ive date, but not a	n effective time,	at 12:01 a.m. on the	e earlier of: (b) Ti	ne 90th day after the
JULY 17 ted	_	2023			
Pe	en I p	firanda	Balba d representative of a	ブ 	
··	Signature of a mo	ember or authorize	d representative of a	member	- 23

Filing Fee: \$25.00