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(Re	equestor's Name)	
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

A Werde E	quities LLC		
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Avraham Werde		
		Name of Person	
	A Werde Equities LLC		
		Firm/Company	<del></del>
	19630 NE 23rd Ave		
		Address	
	Miami. FL 33180		
		City/State and Zip Code	
	aviworde@gmail.com		
	E-mail address: (	to be used for future annual report no	tification)
For further information e	oncerning this matter, please c	all:	
Avraham Werde		973 207-6714	
Name o	f Person	at () Area Code Daytir	me Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration So	ection
Division of C		Division of Co	
P.O. Box 632	7	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810

. .

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO FILED ARTICLES OF ORGANIZATION OF STATE OF

2022 AUG -2 PH 3: 49 1

A Werde Equities LLC	
(Name of the Limited Liability Comps (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>しょりてんぐらり 47-39</u> .	were filed on 7/19/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liah	pility company here:
Avraham Werde LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "L.L.C." 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)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u>
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.

City

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>	<u>Address</u>	Type of Action
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		<del></del>	□Remove
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Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.	will not be listed as the
he record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) Th ord is filed.	ne 90th day after the
Dated	
Dated	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00