(shown below) on the top and bottom of all pages of the docum

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : WEDO TAXES MULTISERVICES LLC

Account Number : I20230000121

: (305)432-3966

Fax Number

: (305)960-7096

tenter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Ema11	Add	ress	٠
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN JULIET R. LLC

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Certificate of Status	0
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M. SOLOMON

AUG Z 0 2024

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COVER LETTER

TO: Registration S Division of Co		
JULIET SUBJECT:	T R. LLC	
30B3EÇ1.	Name of Limited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are submitted for filing.	
Please return all corresp	pondence concerning this matter to the following:	
	JULIET DE LA C, AGUADO GONZALEZ	
	Name of Person	
	Furn/Company	
	9445 NW 32 AVE	
	Address	= = = = = = = = = = = = = = = = = = = =
	MIAMI, FL 33147	SSEAHE
	City/State and Zip Code WEDOTAXES801@GMAIL.COM	\$55.E
	E-mail address: (to be used for future annual report notification)	
For further information	concerning this matter, please call:	E.FLORIDA
JULIET DE LA C AC	GUADO GONZALEZ 786 660 6363	
Name	of Person Area Code Daytime Telephone Number	
Enclosed is a check for	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) 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

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JULIET R. LLC					
(Name of the Limite	d Liability Comps A Fiorida Limited I	ny as it now appears on o Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability Company were filed on			and assigned		
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designa	tion "LLC" or the s	bbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1110 NW 122ND S			
		NORTH MIAMI, FL 33168			
		~=		202	
Enter new mailing address, if applicable:		1110 NW 122N	D ST	2024 AUG 20 350RE JARY 3110 3 HASSE	
(Mailing address MAY BE A POST OFFICE BOX)		NORTH MIAM	, FL 33168	20 888 888	
B. If amending the registered agent and/or reagent and/or the new registered office address		address on our record	s, enter the nar	ne of the new degistered	
Name of New Registered Agent:	OLGA LYDIA GONZALEZ RODRIGUEZ				
New Registered Office Address:	1110 NW 12				
		Enter Florida sn	vet address		
	NORTH MI		, Florida _	33168 Zip Code	
		City		ωρ ψοαε	

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

Aug. 19. 2024 - 5:3014 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>Name</u> <u>Address</u>	
AMBR	OLGA L. GONZALEZ RODRIGUE 론	1110 NW 122ND ST	= Add
	-	NORTH MIAMI, FL 33168	□Remove
	_		
MGR	JULIET DE LA C. AGUADO GONZALE	Z 9445 NW 32 AVE	□Add
		MIAMI, FL 33147	=Remove
	-	 	OChange
			bbA⊡
	-		Remove 2024 AU
	-		II COMPANY
			A#10: 40
	-		□Change
			□Add
	-		□Remove
	-		Change
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	-		ORemove
			□ Chendre

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
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E Effective date if other than the date of filing: (ontional)			
E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Prote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will document's effective date on the Department of State's records.	arsuant to 605.0 Il not be liste	0207 (3)(b) d as the	
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 record is filled.	0th day after	the	
Dated 08/19/2024			
Signature of a member of authorized representative of a member	_		
OLGA LYDIA GONZALEŻ RODRIGUEZ			

Filing Fee: \$25.00

Typed or printed name of signee