

L23000012193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

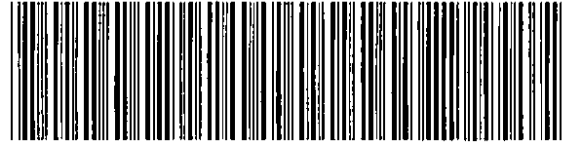
(Business Entity Name)

(Document Number)

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2023 JUN 29 AM 9:40

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: **6553 Wettstein Way LLC**
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Delvis Estrada
Name of Person

6553 Wettstein Way LLC
Firm/Company

6553 Wettstein Way
Address

The Villages, FL 34762
City/State and Zip Code

Delvis.Estrada@gmail.com
E-mail address: (to be used for future annual report notification)

2011 JUN 20 PM 9:40

For further information concerning this matter, please call:

Delvis Estrada at (**917**) **468-5720**
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 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)

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
TO
ARTICLES OF ORGANIZATION
OF**

6553 Wettstein Way LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 05, 2023 and assigned Florida document number L23000012193.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1629 Van Beck Circle

Enter Florida street address

The Villages

City

Florida 34762

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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>JAVY HOLDING CORP</u>	<u>176 NORTH 8TH STREET</u>	<input type="checkbox"/> Add
		<u>BELLEROSE, NY 11426</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>SIMPLE INNOVATIONS 401K TRUST</u>	<u>1629 VANBECK CIRCLE</u>	<input checked="" type="checkbox"/> Add
		<u>THE VILLAGES, FL 34762</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

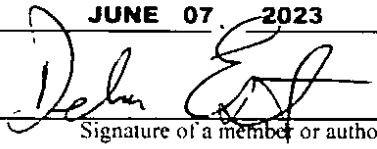
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

"Amended" Exhibit "A" (see attached)

E. **Effective date, if other than the date of filing:** _____ **(optional)**
 (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.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated _____ **JUNE 07, 2023** _____



Signature of a member or authorized representative of a member

DELVIS ESTRADA

Typed or printed name of signee

07/15/2023 10:10 AM

Exhibit "A"
(Amended)

MEMBERS

<u>Name</u>	<u>Address</u>	<u>Percentage of interest</u>
Simple Innovations Solo 401k Trust	1629 Vanbeck Circle The Villages, FL 34762	33.33%
Orlando Estrada	53-16 206 th Street Bayside, NY 11364	33.33
Enid Vazquez	3828 Sterncroft Drive Virginia Beach, VA 23456	33.33

Exhibit "B"

Manager
Delvis Estrada

01/15/2023 10:10:13 AM