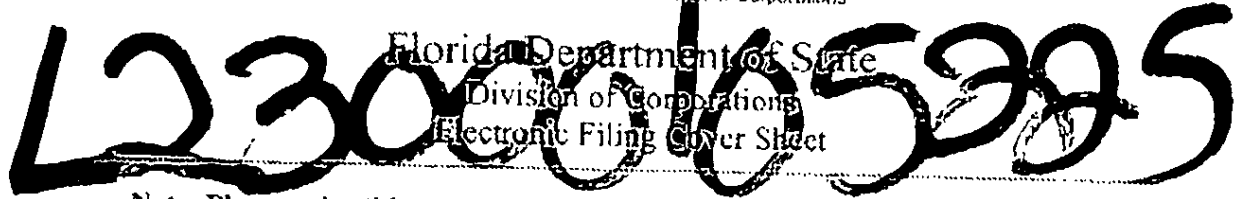


5/22/23, 6:20 PM

Division of Corporations



Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((123000188907 3)))



H230001889073ABC5

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : AA EXPRESS SERVICES INC
Account Number : T20230000057
Phone : (954)596-0323
Fax Number : (954)596-0353

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WE PEOPLE EXPERIENCE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 JUN 15 PM 12:51

LLC

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX
Help
JUN 16 2023

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H230001889073

WE PEOPLE EXPERIENCE 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 02/28/2023 and assigned
Florida document number L23000105225.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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:

H230001889073

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	SEBASTIAN ROMANO	BLVD. DE TODOS LOS SANTOS 5601 BARRIO	<input checked="" type="checkbox"/> Add
		SANTA CATALINA LOTE 128, BENAVIDEZ	<input type="checkbox"/> Remove
		BUENOS AIRES-ARGENTINA C. POSTAL 1621	<input type="checkbox"/> Change
AMBR	LAURA PICCALUGA	BLVD. DE TODOS LOS SANTOS 5601 BARRIO	<input checked="" type="checkbox"/> Add
		SANTA CATALINA LOTE 128, BENAVIDEZ	<input type="checkbox"/> Remove
		BUENOS AIRES-ARGENTINA C. POSTAL 1621	<input type="checkbox"/> Change
AMBR	MARIA ESPERANZA GONZALE	ARRIBENOS 1611 BARRIO SANTA ANA	<input checked="" type="checkbox"/> Add
		LOTE 150, BENAVIDEZ BUENOS AIRES	<input type="checkbox"/> Remove
		ARGENTINA C. POSTAL 1621	<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

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

N/A

[illegible]

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)(c))

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 MAY 23 2023

Mariana Piccaluga

Signature of a member or authorized representative of a member

MARLANA PICCALUA

Typed or printed name of signee