

L230003191073

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H230003191073))



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To:

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

From:

Account Name : WEDO TAXES MULTISERVICES LLC
Account Number : I20230000121
Phone : (305)432-3966
Fax Number : (305)960-7096

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

Email Address: _____

SEP 13 2023 PM 3:11

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
WEDO FRANCHISING LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

RECEIVED

SEP 12 PM 4:13

FLORIDA
DIVISION OF CORPORATIONS
TALL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WEDO FRANCHISING 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:

PEDRO LUIS VILLAR

Name of Person

WEDO TAXES MULTISERVICES LLC

Firm/Company

801 MADRID ST STE 2

Address

CORAL GABLES, FL 33134

City/State and Zip Code

WEDOCORP801@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

PEDRO LUIS VILLAR

305 432-3966

at ()

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

WEDO FRANCHISING 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 05/10/2023 and assigned
Florida document number L23000230142

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:

PEDRO LUIS VILLAR

New Registered Office Address:

801 MADRID ST STE 2

Enter Florida street address

CORAL GABLES

Florida 33134

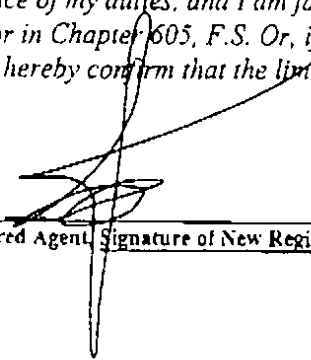
City

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



JSec. 12, 2023 at 12:00 PM No. 2155 P. 4
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>
AMBR	PIERRE PEREZ	801 MADRID ST STE 2	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	KENDRA MESA	801 MADRID ST STE 2	<input type="checkbox"/> Add
		CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

REMOVING KENDRA MESA AS REGISTERED AGENT AND ADDING PEDRO LUIS VILLAR AS AMBR
WITH ADDRESS OF 801 MADRID ST STE 2 CORAL GABLES, FL 33134

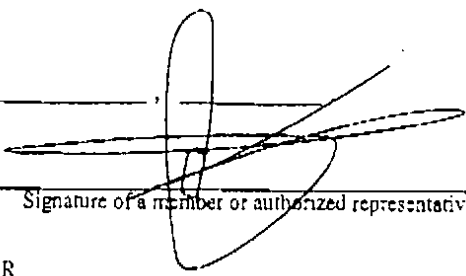
E. Effective date, if other than the date of filing: _____ (optional)

(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 09/11/2023


Signature of a member or authorized representative of a member

PEDRO LUIS VILLAR

Typed or printed name of signee