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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corp	porations		ie
SUBJECT:		Wefic 5 LLC	<u></u>
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Miche Off5	Name of Person Love Luve Firm/Company	tics LL
	5440 M.11	CNICA Lekes	BIUD 書 6203
	Of lando Offsha E-mail address: (Address FL 3233 City/State and Zip Code Code to be used for future annual report notification.	mul Comodication)
For further information c	oncerning this matter, please ca	all:	, ·
Michael	Person Plaler	at (<u>2</u> 7	-6916 : Telephone Number
Enclosed is a check for th ☐ \$25.00 Filing Fee	ne following amount: \$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 S Division of C P.O. Box 632	Section orporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Itt)hase	KINELICO LL	<u>. C</u>
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our i la Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability (Florida document number 42400093	Company were filed on 27	Feb 212 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	miled Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<i>\</i>) [A
(Principal office address MUST BE A STREET ADD	RESS)	39 P. J. 150
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		1/X MID 59
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	· -	enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	culdress
		Fla-ida
	City	Florida 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 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>	Name	Address	Type of Action
MGR	Kendra GERONIA	2723 Dewey 5T 10 Hollywood, FL 33020	ZAdd
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			□Change
			□Add
			□Remove
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n effective date is te: If the date	f other than the date is listed, the date must be spe inserted in this block do tive date on the Departm	ecific and car ses not mee	nnot be prior to et the applicab	date of filing or le statutory fil	more than 90 day	(optiona vs after filin its, this dat	g.) Pursuant to 6	605.0207 isted as
cord specifies : s filed.	a delayed effective date.	, but not an	effective tim	e, at 12:01 a.n	n. on the earlier	of: (b)	The 90th day at	fter the
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ted <u>22</u>	/				ve of a member			