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.

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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. **

Cmail	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEDO MARKETING LLC

Certificate of Status	0
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JUN - 4 2024

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Corporate Filing Menu

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COVER LETTER

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TO: Registration Se Division of Cor			
_ •			,
SUBJECT:	O MARKETING LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	STEPHANIE MESA		
		Name of Person	
		Firm/Company	
	801 MADRID ST. SUIT	°E 2	
		Address	
	MIAMI, FL 33134		
		City/State and Zip Code	
	WEDOTAXES801@GN		S
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report noti	ncation)
STEPHANIE MESA	concerning this matter, presse of	786 660 63 63	
	of Person	at () Area Code Daytim	e Telephone Number
144310	77.7.5.50	, uce 5545 54,	- 100pmon
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	 S55.00 Filing Fee & Certified Copy (additional copy is enclosed) 	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
		S	
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of (Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WEDO MARKETING LLC				
(Name of the Limited Liability C (A Florida Lin	ompany as it now apper nited Liability Company)	ers on our records.)		_
The Articles of Organization for this Limited Liability Com Florida document number	pany were filed on _	04/18/2024	and	assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	liability company l	<u>iere</u> :		
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 ADDRES	<u> </u>		 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			fij.	2024
	ffice address on our	records enter the	name of the	- 3 registered
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ince address on our	records, <u>enter the</u>	0F ST	M 10: 0:
Name of New Registered Agent:			- 	9
New Registered Office Address:	Enter F	orida street address		
		, Florid		
	City		Zip Ci	nde

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	PEDRO VILLAR	801 MADRID ST, SUITE 2	□Add
		MIAMI, FL 33134	Remove
			☐ Change
MGR	STEPHANIE MESA	801 MADRID ST, SUITE 2	ÜAdd
		MIAMI, FL 33134	■Remove
			□ Change
AMBR	PIERRE PEREZ	801 MADRID ST, SUITE 2	■Add
		MTAMI, FL 33134	□Remove
			□Change
			□Add
			□Remove
			Change
			CAdd
			□Rcmovc
			Change
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Note:	ive date, if other than the date of filing: (optional) (cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sent's effective date on the Department of State's records.
e reco	rd 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 led.
Dated	June com 2024
	total Text
	The second secon
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00