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 : 120230000121 : (305)432-3966

: (305)960-7096 Fax Number

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

Fmail	Address:		 
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WEDO MARKETING LLC

Certificate of Status	0
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K. SALY

JUN 14 2024

Tallahassee, FL 32314

## **COVER LETTER**

FO: Registration Sec Division of Corp			
	MARKETING LLC		
SURJECT:	Name of Limi	ted Lisbility Company	
The enclosed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	STEPHANIE MESA		
•		Name of Person	
		Firm/Company	
	801 MADRID ST, SUIT		
	MIAMI, FL 33134	Address	
		City/State and Zip Code	<del>-</del>
	WEDOTAXES801@GM	•	
	E-mail address: (	to be used for future annual report not	ification)
For further information o	oncerning this matter, please ca	all:	
STEPHANIE MESA		786 660 63 63	
Name o	f Person	Area Code Daytin	ne Teiophone Numbor
Enclosed is a check for the	he following amount:		
\$25.00 Filing Fee	S30.00 Filing Fec & Certificate of Status	S\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	ection
Division of C		Division of Co	rporations
P.O. Box 632		The Centre of	Tallahassee oe Street, Suitc 810
Tallahassee	±1. 32314	Z#1J IN. IVIQUU	or orrect one

Tallahassee, FL 32303

Jun. 13. 2024 | 11:57AM

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

No. 2485	₽.	3	
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7.ip Code

WEDO MARKETING LLC			12.	LLAHARATTI E
(Name of the Limited I	Liability Comp Florida Limited	any as it now appea Liability Company)	rs on our records.)	LUAHASSEE FLORIDA
The Articles:of Organization for this Limited Liabi	lity Compan	y were filed on _	04/18/2024	and assigned
This amendment is submitted to amend the followi	ng:			
A. If amending name, enter the new name of th	e limited lia	hility company h	ere:	
The new name must be distinguishable and contain the word	s "Limited Liab	ility Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET)		-1		
(Principal office address 19,03) BE A STREET A	1DDKLSS)		n-Mahah	
			-	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BC	<u>)X)</u>	<del></del>		
B. If amending the registered agent and/or registered agent and/or the new registered office address !	istered offico <u>nere</u> :	address on our	records, enter the n	ame of the new registered
Name of New Registered Agent:	PIERRE,	PEREZ		. v v
New Registered Office Address:		Poten El	orida street address	d National Control of the Control of
		isnier F i	Origina street inchreas	

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

□Remove

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 = M AMBR = A	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Note: It	f the date inserted in	an the date of filir date must be specific un this block does not n the Department of	meet the applica	to date of filing or mo	(optio re than 90 days after requirements, this	nal) filing.) Pursuant to 605.0207 ( date will not be listed as t
the record ford is file		effective date, but no	ot an effective tir	ne, at 12:01 a.m. o	n the carlier of: (b)	The 90th day after the
Dated _	JUNE	on to	. 2025 La-Ay	†.		
		Signature of a	1	rized representative	of a member	
		STEPHA	-NNE 1	ne sa		

Filing Fee: \$25.00