

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 : LICENSES & PERMITS LLC

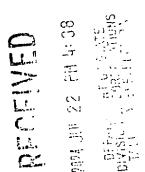
Account Number : I20210000155 Phone : (305)226-8727

Fax Number : (786)947-0844

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

Fmoil	Address:			
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Corporate Filing Menu

Help

7/22/2024, 1:42 PM PDT TO: +18506176383 FROM: 17869470844 PAGE 2/5

COVER LETTER

	ration Section n of Corporations
PC SUBJECT:	WERMAX E GROUP LLC
	Name of Limited Liability Company
The enclosed At	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	LUCIA ESTRELLA
	Name of Person
	LICENSES & PERMITS LLC
	Firm/Company
	\$300 WEST FLAGLER ST SUITE 114
	Address
	MIAMI, FLORIDA 33174
	City/State and Zip Code LICENSES114@gmail.com
	E-mail address: (to be used for future annual report notification)
For further inform	ation concerning this matter, please call:
Lucia Estrella	Name of Person Area Code Daytime Telephone Number
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k for the following amount:
≅ \$25.00 Filing	Fee S30,00 Filing Fee & S55,00 Filing Fee & S60,00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 7/22/2024, 1:42 PM PDT TO: +18506176383 FROM: 17869470844 PAGE 3/5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



POW	ERMA	Х	E GROUP LLI	r

(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 Liab	ility Company were filed on July 22, 2024	and assigned
Florida document number L24000225538		Ç
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "ELC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	e;	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter</u> ere:	the name of the new registered
Name of New Registered Agent:		·····
New Registered Office Address:		
	Enter Florida street address	,
_	, Flo	orida
	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 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

Title	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Amaury Cruz	400 SW 89th Court	
		Miami, Ft 33174	
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