+15085242132 19-Dec-2024 13:59 +18506176383 p.2

12/19/24, 8 56 AM



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To:

Division of Corporations

Fax Number : (350)617-6383

From:

Account Name : LVM ACCOUNTING SERVICES, INC.

Account Number : 120200000106 Phone : (561)927-7157 Fax Number : (305)912-0167

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

Email	Address:			



## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WELES COMPANY LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
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T. LEMIEUX DEC 2 0 2024

## **COVER LETTER**

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TO: Registration : Division of C			
	IOMPANY LLC		
SUBJECT:	Name of Eam	ited Erability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for Illing.	
Please return all corresp	pondence concerning this matter	to the following	
	VIACHESLAV VYROZU	JB	
		Name of Person	
		Firm/Company	<u> </u>
	101 DIPLOMAT PKWY, APT 1605		
		Address	
	HALLANDALE BEACH.	FL 33009 City/State and Zip Code	<u></u>
	⊞-man} address (	to be used for future annual report not	ification)
For further information	concerning this matter, please c	ail.	
VIACHESLAV VYRO		at () 305 339-4004 Area Code Daytin	
Name	of Person	Area Code Daytin	ne Felephone 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

19-Decr2024 :14:00 +18506176383 +15085242132 p.4

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WELES COMPANY LLC		
( <u>Name of the Limited Liability Compa</u> (A Fiorida Limited	iny as it now appears on our records.) Liability Company)	<del>-</del>
The Articles of Organization for this Limited Liability Company	were filed on08/12/2024	and assigned
florida document number1.24000347063		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
he new name must be distinguishable and contain the words "Limited Liab."	hty Company," the designation "LLC" or the ab	breviation "L. L.C."
Enter new principal offices address, if applicable:	101 DIPLOMAT PKWY, APT 1605	
Principal office address MUST BE A STREET ADDRESS)	HALLANDALE BEACH, FL 33009	292
		2924 01
		<u></u>
Inter new mailing address, if applicable:	101 DIPLOMAT PKWY, APT 1605	
Mailing address MAY BE A POST OFFICE BOX)	HALLANDALE BEACH, FL 33009	
<del></del>		2: 2
		7 2
<ol> <li>If amending the registered agent and/or registered office agent and/or the new registered office address here:</li> </ol>	address on our records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:		
New Registered Office Address:		- <del></del>
	Enter Florida street address	
	Fłorida	Zip Code
	$c \dot{w}$	zip v. com

## 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.

19-Dec+2024 **-**14:00 +18506176383 +15085242132 p.5

MGR = Manager

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			[IRemove
			LiChange
	<del></del>		Ll'Add
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	ins Enc. 1. 2 (255 111) le Wh		orized representative of a member
Dated DECEMBER 19TH		2024	<del></del> ·
ne record specifies a delayed el ord is filed.	fective date, but not	an effective t	ime, at 12.01 a.m. on the earlier of, (b). The 90th day after the
Effective date, if other that (if an effective date is listed, the da Note: If the date inserted in a document's effective date on	ite must be specific and his block does not it	cannot be prior sect the applic	(optional) r to date of filing or more than 90 days after filing.) Pursuant to 608 0207 ( hable statutory filing requirements, this date will not be listed as t
Date and the first section of the	and the state of City	12/19/202-	4
	<del></del>		

Filing Fee: \$25.00

Typed or printed name of signee