M1400000 2822

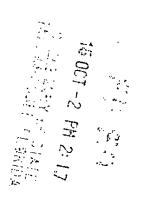
(Requestor's Name)	
(Address)	· · · · · · · · · · · · · · · · · · ·
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
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Office Use Only



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OCT 05 2015 J SHIVERS



September 3, 2015

lorena ocando 7950 nw 53rd st suite 337 miami, FL 33166

SUBJECT: WETOGO LLC Ref. Number: M14000002522

We have received your document for WETOGO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 315A00018705

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

TO:	Registration Section
	Division of Corporations

WETOGO SUBJECT:	LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	LORENA OCANDO		
		Name of Person	
	WETOGO LLC		
		Firm/Company	•
	7950 NW 53RD STREET	. SUITE 337	
		Address	
	MIAMI, FL 33166		
		City/State and Zip Code	
	INFO@WETOGOLLC.CO		
	E-mail address: (to be used for future annual report notifi	cation)
For further information	concerning this matter, please c	all:	
LORENA OCANDO		954 8060583	
Name	of Person	Area Code Daytime	Telephone 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

SECTION	1 (1-4 must be completed)		
Name of limited liability Company as it appears State: WETOGO LLC	s on the records of the Florida Department of		
Enter new principal office address, if applicable:	7950 NW 53rd Street		
(Principal office address	Suite 337		
MUST BE A STREET ADDRESS)	Miami, FL 33166		
Enter new mailing address, if applicable:	7950 NW 53rd Street		
(<u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u>)	Suite 337		
	Miami, FL 33166		
2. The Florida document number of this limited lial	bility company is: M14000002522		
3. Jurisdiction of its organization: Delaware			
4. Date authorized to do business in Florida: 04/	14/2014		
SECTION II (5-9 complete only the applicable c			
5. New name of the limited liability company: (must	contain "Limited Liability Company, " "L.L.C.," or "LLC.")		
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or man must contain "Limited Liability Company," "L.L.C	for the purpose of transacting business in Florida and attach a naging members adopting the alternate name. The alternate name." or "LLC.")		
6. If amending the registered agent and/or registered registered agent and/or the new registered office ad	d officer address on our records, enter the name of the new		
Name of New Registered Agent: Lorena Oca			
New Registered Office Address: 7950 NW 5	3rd Street. Suite 337		
Mia	Enter Florida Street Address 33166		
	City Zip Code		
the provisions of all statutes relative to the proper and accept the obligations of my position as registe	it and agree to act in this capacity. I further agree to comply with and complete performance of my duties, and I am familiar with ered agent as provided for in Chapter 605, F.S. Or, if this in the registered office address, I hereby confirm that the limited		

If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	Address	Type of Actio
MGR	LORENA SEPULVEDA	3625 NW 82nd Street. Suit	e 316 □Add
		Doral, FL 33166	Remov
MGR	GR LORENA OCANDO	7950 NW 53rd Street. Suit	e 337 ■Add
		Miami, FL 33166	Remov
<u> </u>			Add
			Remov
			Add C
		N Add	
	a certificate, if required: no more than 90		Remov

Filing Fee: \$25.00