# M1800000 4801

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	#)
PICK-UP WAIT	MAIL.
(Business Entity Name	e)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	<del></del>

Office Use Only



600321419096

13/14/18--01014--018 \*\*50.00

APPROVED
AND
FILED
2018 DEC 14 PM 1: 11
SECRETARY OF STATE
SECRETARY OF STATE



## **COVER LETTER**

	vision of Cor			•
SUBJECT:	Weaver Co	nsultants Group, LLC		
301341261	•		ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Carol Johnson, ESQ.		
		Weaver Consultants Group	Name of Person	
		35 East Wacker Drive, Sui	Firm/Company te 1250	
		Chicago, IL 60601	Address	
		registration@wcgrp.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For further i	information co	oncerning this matter, please ca	ill:	
Evelyn Giv	ens		630 687-6380 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00 1	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 tadditional 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Weaver Consultants Group, LLC		
( <u>Name of the Limited Li</u> (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili	ty Company were filed on May 18, 2018	and assigned
lorida document number W18000037729		
his amendment is submitted to amend the following		
A. If amending name, enter the new name of the	limited liability company here:	
he 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 AL	DDRESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	2	
<ol><li>If amending the registered agent and/or registered agent and/or the new registered office:</li></ol>		nter the name of the
egistered agent and/or the new registered office	address here.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		-
_	, Florid	aZin 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 Changing Registered Agent, Signature of New Registered Agent

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)	ssary.)		
We are changing the address due to a typographical error that was made based on info	rmation	that w	as_
put on the form. We made this error however and unfortunately, we did not catch the	error unti	l after	the
application was submitted. Our suite number was used for our actual address. The cor-	ect infor	matio	<u>n is</u>
listed below:			
35 East Wacker Drive (Principal and mailing address)			
Suite 1250			
Chicago, Illinois 60601			
	=" co	28	
	E CR	<u> </u>	
	HASS	=	FA
	<u> </u>		
	STA ATSTA	=	6
	<u> 5</u> H	~	
	<del></del>	<del>-</del>	<del></del> -
Effective date, if other than the date of filing:  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after Note:  If the date inserted in this block does not meet the applicable statutory filing requirements, this document's effective date on the Department of State's records.	filing.) Pu		
the record specifies a delayed effective date, but not an effective time, at 12:01 a  ) The 90th day after the record is filed.	.m. on	the e	arlier of:
Dated December 7, 2018.  Signature of thember or authorized representative of a member			_
Carol Johnson			
Typed or printed name of signee			_

Page 3 of 3

Filing Fee: \$25.00