

L 13000044427

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

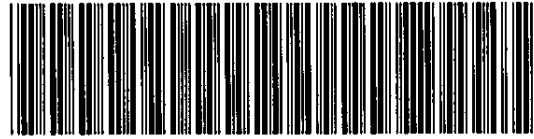
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 DEC -9 PM 5:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 11 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WONDER SUPPLIES LT, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIO C MOLINA

Name of Person

J.C. MOLINA & ASSOC

Firm/Company

8260 W FLAGLER STREET STE 2-C

Address

MIAMI, FL. 33144

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JULIO C MOLINA

Name of Person

at (*305*) *5599070*

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

WONDER SUPPLIES LT, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/19/2013 and assigned
Florida document number L13000040965.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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 ADDRESS)

Enter new mailing address, if applicable:

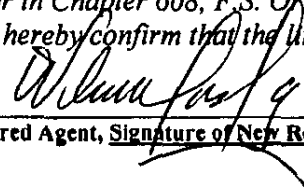
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Wilma C. Castillo de Perez
New Registered Office Address: 3116 W. 81St. Street
Enter Florida street address
Hialeah, Florida 33018
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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

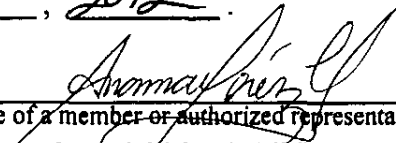
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Wilma C Castillo de Perez	3116 W 81St Street	<input type="checkbox"/> Add
		Hialeah, Fl. 33018	<input checked="" type="checkbox"/> Remove
MGR	Juan R Perez Arzola	3116 W 81St Street	<input type="checkbox"/> Add
		Hialeah, Fl. 33018	<input checked="" type="checkbox"/> Remove
MGR	Anamar Perez	3116 W 81St street	<input checked="" type="checkbox"/> Add
		Hialeah, Fl. 33018	<input type="checkbox"/> Remove
MGRM	William Bethencourt	3116 W 81St Street	<input checked="" type="checkbox"/> Add
		Hialeah, Fl. 33018	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated DECEMBER 04, 2012.



Signature of a member or authorized representative of a member

ANAMAR PEREZ

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00