

L13000177054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

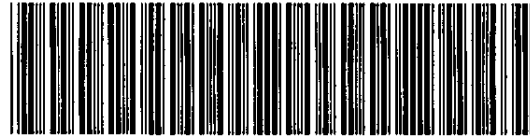
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 JAN 24 AM 11:39
TERRY DE STAIG
TAL LAMASSEE OF FLORIDA

FILED

JAN 29 2014
D. HANCOCK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wicked Wicker 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:

Olga Schwlz
Name of Person

Wicked Wicker LLC
Firm/Company

8951 Bonita Beach Rd SE 525-281
Address

Bonita Springs FL 34135
City/State and Zip Code

OLEN@OLENdesigns.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Olga Schwlz at (239) 451.4545
Name of Person Area Code Daytime Telephone Number

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STATE OF FLORIDA
TALLAHASSEE

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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

**TO
ARTICLES OF ORGANIZATION
OF**

Wicked Wicker LLC

(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 Liability Company were filed on Dec 30, 2013 and assigned Florida document number L13000177654.

This amendment is submitted to amend the following:

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

Wicked Wicker LLC

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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

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11:30 AM
TALLAHASSEE
FLORIDA

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

~~REMOVED MEMBER BEING MOVED OR REMOVED FROM ONE ACCOUNT~~

MGR = Manager
AMBR = Authorized Member

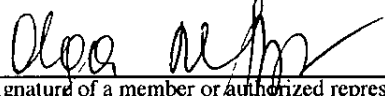
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	OV/A		<input type="checkbox"/> Add
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 STATE OF FLORIDA
 OFFICE OF THE
 ATTORNEY GENERAL
 FILED

E. Effective date, if other than the date of filing: Jan. 01. 2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 22, 2014.



Signature of a member or authorized representative of a member

Olga Schulz

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE FLORIDA

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