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(Rec	juestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates o	f Status
Special Instructions to F	iling Officer:	

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COVER LETTER

Flat Fee SUBJECT:	LLC		
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wendy S. Alvis		
		Name of Person	
	1 Flat Fee LLC		
		Firm/Company	
	PO Box 611251		
		Address	
	Rosemary Beach, FL 3246	1	
		City/State and Zip Code	
	wendyalvis@gmail.com	to be used for future annual report notific	nation)
Cor further information o	concerning this matter, please en	·	cation)
	oncerning this matter, piease c.		
Wendy Alvis		850 691-8326 at ()	
Name o	d'Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

TO:

Registration Section Division of Corporations

> 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

, I Flat Fee LLC	•	-		•
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on ou Liability Company)	r records.)		
The Articles of Organization for this Limited Liability Company	were filed on <u>5/1/2018</u>		and ass	igned
Florida document number $\frac{L18000113318}{}$.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
Wendy Alvis, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designati	on "LLC" or the ab	breviation "L.!	C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)			2 (a) - / (a)	
		,	3	
				572
Enter new mailing address, if applicable:				Amakus A
(Mailing address MAY BE A POST OFFICE BOX)				num n
			Sign Control	\$7.4
	<u></u>		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, <u>enter</u>	the name	of the ne
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida stree	et address	• • •	
		. Florida		
	City	<u> </u>	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 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 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>	<u>Address</u>	Type of Action
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			Change
			D Add
			Remove
			☐ Change
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	Wendy S. Alvis	of a member of auth orized repress		WASSES I	As de
Dated _	Werdy N.	Milin	nutativa of a mambar	2018 MA	*** /
Dated]	May 15	2018			
	cord specifies a delayed effective 90th day after the record is file.		tive time, at 12:01 a	.m. on the earl	ier of:
Note:	If the date inserted in this block does in ent's effective date on the Department	not meet the applicable statuto	ry filing requirements, this	date will not be lis	ted as th
Effecti	ive date, if other than the date of f	îling:	(optic	onal)	.c. 0202
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Filing Fee: \$25.00