

L200000S986

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

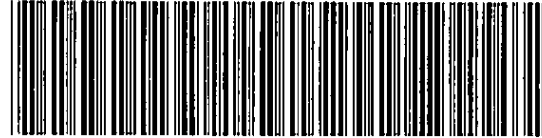
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 JUL 26 PM 4:36
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TALLAHASSEE, FLORIDA

R. HUNT
07/26/23

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$25.00

Authorization Signature: *[Signature]* :

WHOLESALE AUTOMATION LLC L20000008486

BUSINESS NAME DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

- ☐ Profit Corp
☐ Not for Profit
☐ **Limited Liability**
☐ Domestication
☐ Other
☐ CORP
☐ LLLP

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name
☐ APOSTILLE
☐ Country

EXAMINER'S INITIALS: _____

AMMENDMENTS

- ☒ X Amendment
☐ Resignation of R.A. Officer/Director
☐ Change of Registered Agent
☐ Revocation of Dissolution
☐ Merger
☐ Articles of Conversion
☐ Amended and restated Articles
☐ Statement of Authority

REGISTRATION/QUALIFICATIONS

- ☐ Foreign filing
☐ Qualification for LLP
☐ Reinstatement
☐ Other

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TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Wholesale Automation 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:

Kiel J. Green, Esq.

Name of Person

Emerald Law, PLLC

Firm/Company

4700 Sheridan Street, Ste. J

Address

Hollywood, Florida 33021

City/State and Zip Code

kiel@emeraldllaw.us

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

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TALLAHASSEE, FL

For further information concerning this matter, please call:

Jeffrey Hord

at (703) 283-1746

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

WHOLESALE AUTOMATION 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 January 14, 2020 and assigned
Florida document number L20000008486.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1800 Second Street

Suite 972

Sarasota, FL 34236

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1800 Second Street

Suite 972

Sarasota, FL 34236

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input checked="" type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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TALLAHASSEE, FL

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ALBUQUERQUE, N.M.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated July 26, 2023

Kiel J. Green (Registered Agent & Authorized Representative)

Filing Fee: \$25.00