

207000012075

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

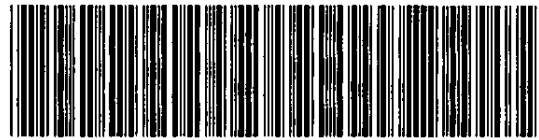
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800163131598

11/30/09--01068--016 **25.00

FILED

09 DEC 14 PM 2:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

~~DEC 1 2009~~

EXAMINER

S. HAWKES

DEC 15 2009

EXAMINER

Handwritten signature/initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 1, 2009

EDWARD MONAHAN
2519 GALIANO STREET STE 703
CORAL GABLES, FL 33134

SUBJECT: WIDE SERVICES INTERNATIONAL LLC
Ref. Number: L07000012075

We have received your document for WIDE SERVICES INTERNATIONAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 609A00036829

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WIDE SERVICES INTERNATIONAL 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:

EDWARD MONAHAN

Name of Person

MONAHAN MIJARES CPA PA

Firm/Company

2519 GALIANO STREET, STE 703

Address

CORAL GABLES, FL 33134

City/State and Zip Code

EDWARD.MONAHAN@MMA.COM.VE

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

For further information concerning this matter, please call:

EDWARD MONAHAN

Name of Person

at (305)

407-1438

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**

WIDE SERVICES INTERNATIONAL 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 02/01/07

Florida document number L07000012075

This amendment is submitted to amend the following:

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

N/A

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)

2529 MONTEREY CT

WESTON HILLS, FL 33327

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2529 MONTEREY CT

WESTON HILLS, FL 33327

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:

ROARK R. MONAHAN CPA

New Registered Office Address:

2519 GALIANO STREET, STE. 703

Enter Florida street address

CORAL GABLES

Florida

33134

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

FILED
09 DEC 14 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
--------------	-------------	----------------	-----------------------

N/A

☐ Add
☐ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

☐ Add
☐ Remove

FILED
DEC 14 PM 12:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

N/A

Dated _____,

Signature of a member or authorized representative of a member

MARIO GAMEZ

Typed or printed name of signee