

L030000043067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
SEP -8 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wisteria Investments 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:

Jason Ng

Name of Person

Wisteria Investments LLC

Firm/Company

2637 E Atlantic Blvd, #33780

Address

Pompano Beach FL 33062

City/State and Zip Code

cw5968@gmail.com

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

For further information concerning this matter, please call

Jason Ng

727 488-6255
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Page 1 of 3

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>
MGRM	Chiwah J Ng	2637 E Atlantic Blvd, #33780	<input type="checkbox"/> Add
		Pompano Beach FL 33062	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Waifun V Ng	2637 E Atlantic BLvd, #33780	<input checked="" type="checkbox"/> Add
		Pompano Beach FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ho H Bui	7613 Shore Acres St	<input type="checkbox"/> Add
		Wesley Chapel FL 33545	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Dung P Bui	7613 Shore Acres St	<input checked="" type="checkbox"/> Add
		Wesley Chapel FL 33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2018 SEP - 4 PM
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SECRETARY OF STATE

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated Sept 2, 2015

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Typed or printed name of signee