

L04000081609

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

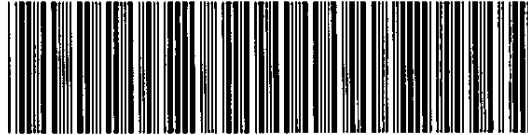
(Business Entity Name)

(Document Number)

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15 JUN 30 PM 5:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 02 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANN M. WILSON 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:

ANN M. WAGNER

Name of Person

→ NEW LAST NAME
OLD → WILSON

Firm/Company

305 MARSHALL ST.

Address

CLEARWATER, FL. 33755

City/State and Zip Code

annwilson53@gmail.com

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

For further information concerning this matter, please call:

Ann M. Wagner

Name of Person

at (813) 215-8452

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 18, 2015

ANN M WAGNER
305 MARSHALL ST
CLEARWATER, FL 33755

SUBJECT: ANN M. WILSON LLC
Ref. Number: L04000081609

We have received your document for ANN M. WILSON 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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 915A00012813

FILED
15 JUN 30 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ANN M. WILSON 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 11/09/2004 and assigned Florida document number L04000081609

This amendment is submitted to amend the following:

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

ANN M. WAGNER LLC

The new name must be distinguishable and contain 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)

305 MARSHALL ST
CLEARWATER, FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

NOT NEW WAS WILSON NOW WAGNER

Name of (New) Registered Agent:

ANN M. WAGNER

New Registered Office Address:

305 MARSHALL ST

Enter Florida street address

CLEARWATER

City

Florida

33755

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.

Ann M. Wagner

If Changing Registered Agent, Signature of New Registered Agent

FILED
15 JUN 2004
PM 4:23
CLERK OF STATE
TALLAHASSEE, FLORIDA

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>
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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STATE OF FLORIDA

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slightly textured appearance and some minor discoloration or shadows along the edges, suggesting it might be part of a bound notebook or folder. The top edge of the paper is slightly irregular, possibly where it was torn from a binder.

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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

(b) The 90th day after the record is filed.

Dated 6/5/2015, _____

Ann M. Wagner

Signature of a member or authorized representative of a member

ANN M. WAGNER

Typed or printed name of signee

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15 JUN 30 PM 4:23
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535