

LA5000018525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

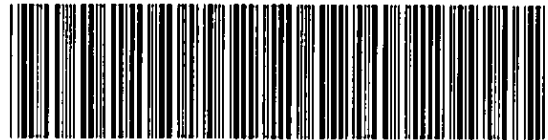
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FL

O SIMMONS

FEB 05 2020

Thomas Wanderon
28089 Vanderbilt Drive, Suite 201
Bonita Springs, FL 34134
(239) 405-8395
(239)405-8544 Fax
www.wondertax.com

Tuesday, January 7, 2020

TO: Division of Corporations

RE: Thomas Wanderon LLC
Document #: L05000018525

Vanderbilt 102, LLC
Document #: L20000001167

To whom it may concern:

I am the sole owner of Thomas Wanderon LLC.

I am the managing member of Vanderbilt 102, LLC.

Both of these Florida LLC's are mine and I wish to release the names so that they can be switched.

I am enclosing amendment documents to change Thomas Wanderon, LLC to the name of Vanderbilt 102, LLC – and adding additional members to this LLC.

I am enclosing amendment documents to change Vanderbilt 102, LLC name to Thomas Wanderon, L.L.C., and also removing members from this LLC.

Please use this letter as my authorization to release the names.

Very truly yours,

Thomas Wanderon



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THOMAS WANDERON, L.L.C.

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:

LISA ZAHORIAN

Name of Person

TAX & FINANCIAL STRATEGISTS LLC

Firm/Company

28089 VANDERBILT DR., SUITE 201

Address

BONITA SPRINGS, FL 34134

City/State and Zip Code

LISA@WONDERTAX.COM

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

For further information concerning this matter, please call:

LISA ZAHORIAN

239

405-8395

at ()

Name of Person

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 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**

THOMAS WANDERON, L.L.C.

(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 02/23/2005 and assigned
Florida document number L05000018525.

This amendment is submitted to amend the following:

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

VANDERBILT 102, 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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>
AMBR	LISA ZAHORIAN	1471 ALHAMBRA DR. FORT MYERS FL 33901	☒ Add
			☐ Remove
			☐ Change
AMBR	LYN SCHANTZ	27245 GALLEON DR BONITA SPRINGS FL 34135	☒ Add
			☐ Remove
			☐ Change
AMBR	SAMMY SUE WILSON	1423 ARGYLE DR FT MYERS, FL 33901	☒ Add
			☐ Remove
			☐ Change
AMBR	ROBERT S DONOVAN	1423 ARGYLE DR FT MYERS, FL 33901	☒ Add
			☐ Remove
			☐ Change
AMBR	BRIAN YOUNGS	535 IBIS WAY, NAPLES, FL 34110	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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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 JANUARY 7TH, 2020

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

THOMAS WANDERON

Typed or printed name of signee

Filing Fee: \$25.00