L676600 45505

(F	Requestor's Name)	
<u> </u>	Address)	
	Address)	
(0	City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(I	Business Entity Name)	
(1	Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	
<u> </u>		

Office Use Only

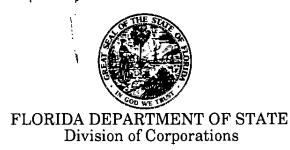


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MAY 23 2016 J SHIVERS



May 10, 2016

daisy wiman 137 peckham st sw pt charlotte, FL 33952

SUBJECT: DAISY NICHOLE WIMAN, LLC

Ref. Number: L07000045505

We have received your document for DAISY NICHOLE WIMAN, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of 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.

Letter Number: 916A00009773

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Division of Corporations NAME OF CORPORATION: 0000 4550T **DOCUMENT NUMBER:** The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Tsy Wichole Wilman
Firm/Company Peckham St. S.W.
Address Charlotte, Fl 3395Z City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (239) 692-5432 Area Code & Daytime Telephone Number Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

Mailing Address

TO: Amendment Section

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Daisy Nichole L	DIMAN LLC
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	ry Company were filed on 4/10/2008 and assigned
Florida document number <u>LO70004</u>	5505
This amendment is submitted to amend the following	<u>5</u> ;
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 "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET AD	ODRESS)
	\$50 \\ \frac{1}{20}
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	* * * * * * * * * * * * * * * * * * *
	22 co
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter the name of the no</u> 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>	Type of Action
MGRN	1 Susan Tant	137 Peckhau St SW	Add
		137 Peckhau St SW PORT Charlotte, FL 33952	Remove
		3345 2	Change
			Add
	,		Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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Page 3 of 3

Filing Fee: \$25.00