

LD7000051793

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

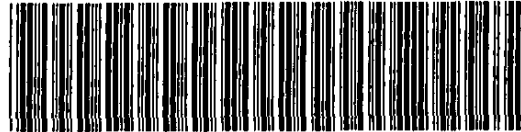
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2007 JUN 25 PM 12:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Wilson & Gettings 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:

Perry J Wilson

(Name of Person)

Wilson & Gettings Investments LLC

(Firm/Company)

2409 E Jersey St

(Address)

Orlando FL, 32806

(City/State and Zip Code)

For further information concerning this matter, please call:

Perry Wilson

(Name of Person)

at ( 407 ) 346-6249

(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**

Wilson & Gettings Investments LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 5/15/2007 and assigned  
document number L0700051793.

**SECOND:** This amendment is submitted to amend the following:

Please remove, I put him in incorectly, this is my first time starting one of these,

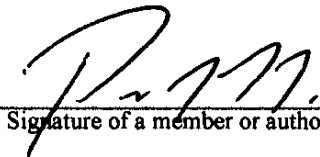
Title MGRM GETTINGS, DAVID S M.D. 991 THOMAS BARBER DRIVE MELBOURNE FL 32935

Please change the address from...2901 EAST PINE STREET ORLANDO FL 32803 US

New address... 2409 East Jersey Street Orlando, FL 32806

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 6/14/2007



Signature of a member or authorized representative of a member

Perry J Wilson

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 JUN 25 PM 12:03

FILED

Filing Fee: \$25.00