

Florida Department of State
Division of Corporations
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LOT000119431

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To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : THE PLANTE LAW GROUP
 Account Number : I20050000106
 Phone : (813) 875-5297
 Fax Number : (813) 879-5297

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

WNW ENTERPRISE, LLC.

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D. BRUCE

AUG 25 2008

EXAMINER

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: WNW Enterprises, 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:

June Plante
(Name of Person) #F120050000106
The Plante Law Group, PC
(Firm/Company)
806 N. Armenia Ave
(Address)
Tampa, FL 33609
(City/State and Zip Code)

For further information concerning this matter, please call:

June Plante at (813) 875-5297
(Name of Person) (Area Code & Daytime Telephone Number)

SECRET
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

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☐ \$55.00 Filing Fee &
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(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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(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

Fax

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

WNW Enterprises, 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 11/29/07 and assigned Florida document number L07000119431.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

08 AUG 22 PM 2:59
TALLAHASSEE, FLORIDA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Elouise L. Emmons	3720 E. Wilder Ave Tampa, FL 33610	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM CEO	Demetrius Woods	10041 Compton Dr River View, FL 33569	<input type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM CEO	Tonika Wilson	717 Cape Cod Cir Valrico, FL 33594	<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Dated

Aug 22, 2008

Signature of a member or authorized representative of a member: Tonika Wilson
Elouise L. Emmons Elouise L. Emmons
Demetrius Woods Demetrius Woods
 all marm