

L08000015353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

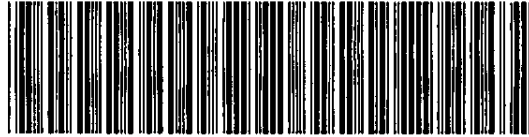
(Business Entity Name)

(Document Number)

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2015 MAR 25 PM 3:08
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

N. Culligan MAR 25 2015

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OwenWise & Company 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:

Steven Wise

Name of Person

OwenWise LLC

Firm/Company

PO Box 561252

Address

Orlando, FL 32856

City/State and Zip Code

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

For further information concerning this matter, please call:

Steven Wise

at (407) 383-9075

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/COURIER ADDRESS:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 24, 2015

STEVEN WISE
PO BOX 561252
ORLANDO, FL 32856

SUBJECT: OWENWISE LLC
Ref. Number: W15000020379

We have received your document for OWENWISE LLC and your check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 715A00005843

email. 3/25/

Culligan, Neysa

From: Steven C. Wise <swise@owenwisecpa.com>
Sent: Wednesday, March 25, 2015 12:31 PM
To: Culligan, Neysa
Subject: OwenWise LLC Name Change

Hi Neysa,

Per our conversation, I am sending this letter as authorization for both OwenWise Inc and OwenWise LLC (formerly OwenWise & Company LLC) to use the OwenWise name.

I am the President of OwenWise Inc and OwenWise Inc is the Sole / Authorized Member of OwenWise LLC.

OwenWise Inc Document Number - P07000134415

OwenWise LLC (formerly OwenWise & Company LLC) Document Number - L08000015353

Please let me know if you have further questions or need any additional information.

Thank you for your efforts and safeguarding the name registrations.

Sincerely,

Steven C. Wise

Steven C. Wise CPA | CGMA | PFS | MBA
OwenWise & Company LLC
Accounting | Tax | Consulting
PO Box 561252, Orlando, FL 32856
p (407) 383.9075 | f (407) 358.5410 | OwenWiseCPA.com

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

FILED
2015 MAR 25 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OwenWise & Company 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 February 12, 2008 and assigned
Florida document number L08000015353.

This amendment is submitted to amend the following:

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

OwenWise LLC

The new name must be distinguishable and end with 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)

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

MGR = Manager

AMBR = Authorized Member

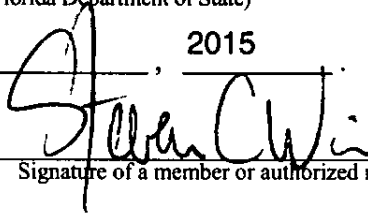
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	OwenWise Inc	PO Box 561252	<input checked="" type="checkbox"/> Add
		Orlando, FL 32856	<input type="checkbox"/> Remove
MGRM	OwenWiseInc	PO Box 561252	<input type="checkbox"/> Add
		Orlando, FL 32856	<input checked="" type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 06, 2015



Signature of a member or authorized representative of a member

Steven C. Wise

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA