

L08000024068

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

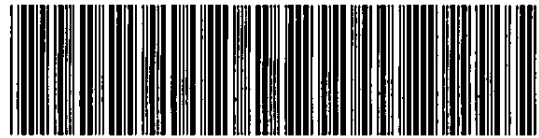
Special Instructions to Filing Officer:

A. LUNT

NOV 10 2009

EXAMINER

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11/09/09--01055--008 *\$30.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 NOV -9 PM 5: 06

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wichi Service Repair
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:

Luis Facensa
Name of Person

Wichi Service Repair
Firm/Company

21721 SW 97th CT
Address

Cutter Bay, FL 33190
City/State and Zip Code

FACEUSA717@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIAN FACENSA at () 786 339-2
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

2009 NOV - 9 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Wicki Service Repair

(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 3/6/08 and assigned Florida document number L08000024068

This amendment is submitted to amend the following:

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

WIA

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)

WIA

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

WIA

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:

Only Adding Managing

New Registered Office Address:

MEMBER - See last page
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

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2008 NOV -9 PM 5:06
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TALLAHASSEE, FLORIDA

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	CHRISTIAN FACENDA	21721 SW 97 th CT CUTLER BAY, FL 33190	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LUIS FACENDA	21721 SW 97 th CT CUTLER BAY, FL 33190	<input checked="" 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE, FLORIDA
 NOV 09 2009
 PM 5:30

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

Dated 11-04-09

Luis Facenda
 Signature of a member or authorized representative of a member
LUIS FACENDA
 Typed or printed name of signee