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PICK-UP	☐ WAIT	MAIL		
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(Bu	isiness Entity Name)			
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Certified Copies	_ · Certificates of	Status		
Special Instructions to	Filing Officer:	į		
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SECRETARY OF STATE
SECRE

J. BRYAN

NOV -5 2009

EXAMINER

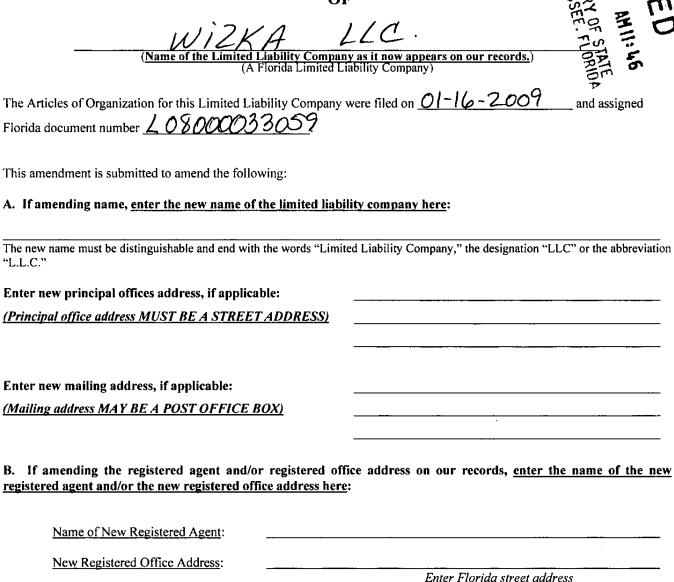
COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	ECT: WIZKA LLC Name of Limited Liability Company
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Daniel Courteau Name of Person Daniel Courteau Page 7
	Wizka LLC Firm/Company
	5641 MonTillA DR
	FORT MYERS, FL, 33919. City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	rther information concerning this matter, please call:
	Name of Person at (239) 433-24/8 Area Code & Daytime Telephone Number
Enclos	sed is a check for the following amount:
X \$2.	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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



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.

City

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
U <u>GRM</u>	Anita Paradis	1021 Rue Boisclair TROIS-RIVIERES, OC CANADA, G873C/	Add
			Add Remove
			Add Remove
D. If amen	nding any other information, enter cha	nge(s) here: (Attach additional sheets, if necessary.	OS NOV -1 SECRETARY TALL AHASSE
- - -		*	AMII:46 OF STATE EF FLORIDA
Dated/	Signature of a mem	or authorized representative of a member OURTEAU ped or printed name of signee	

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:

Page 2 of 2

Filing Fee: \$25.00